after death. Page 4

i the funeral directar, and 2 should be filed with

event, within 72 haurs after death.

pup

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

γ	o. COUNTY Montgomery		MARYLAND	District of	b. COUNTY	n: Residence perore damission)
	b. CITY OR TOWN (If	outside corporate limits, writ	c. LENGTH OF STAY IN 16		outside corporate limits, write RU	(RAL and give nearest town)
F	RURAL and give needs	orest town)	26 days	Washington		47X-3
1	d. NAME OF HOSPITA	AL (If nat in haspital, give str		d. STREET ADDRESS		e. IS RESIDENCE
1	he Clinica	1 Center, Bet	chesda 14, Md.	1621 Otis S	treet, N.E.	ON A FARM
	NAME OF DECEASED (Type or print)	First Elijah	Middle Henry	Allen, Jr	4. DATE Month OF September	
S.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 H
1	Male	Negro wind	OWED DIVORCED	November 10.	1903 So yrs.	Months Days Hours Mir
100	. USUAL OCCUPATIO	N (Give kind of work done 1	06. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign cauntry)	12. CITIZEN OF WHAT COUNT
I	hysician	ing`life, even if retired)	Medical	Washingt	on. D.C.	U.S.A.
_	FATHER'S NAME		IN THE RESERVE THE PERSON NAMED IN	14. MOTHER'S MAIDEN		
I	Hijah H. A	llen, Sr.		Emma Russe	11	
			16. SOCIAL SECURITY NO. 17.	INFORMANT The Med	ical Record Addre	ess
1,,,	No (I	If yes, give war or dates of service)	None 1	The Clinical C	enter, Bethesda	all. Maryland
	18. CAUSE OF DEAT	TH [Enter only one cause pe				INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: GE	astrointestinal	Hemorrhage fr	om Esophageal V	Varices days
1	581	DUE TO	<u> </u>		Oli abopiac	022000 0000
1	Canditions, if an	ny, which ) (b) T]	hrombosis of Po	rtal Vein		weeks
	gave rise to in	nmediote (	I OMBODID OF FO	TOUL VOLLE		1100110
	lying cause lost.	he under-	ost Necrotic Ci	mhosis		months
Z	PART II. OTH				INAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOP
CERTIFICATION						PERFORMED? YES NO
1	OR CONTRIBUTING	S UNDERLYING   206. I	DESCRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Part I or Part II of Item 18.]	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	WI		PLACE OF INJURY (Home, form actory, street, office bldg., etc		(Caunty) (Sta
	21. I certify that	t (I) (this hospital) atte	ended the deceosed from	August 25 19	60 to September 2	20, 1960, that (I) (we) le
	saw the decease	ed olive on Septem	ber20,60, and that	death accurred a8:0	ORMfrom the causes and	d on the date stoted above
	220. SIGNATURE	201)				22b. DATE SIGN
	tobe	il / Carper	de MA	M.D. PHYS.	NED. STAFF PHYS. T	9/21
	22c. PHYSICIAN'S NAME (Type)	Robert R. Car	penter, M. D.	22d. ADDRESS Th	e Clinical Cent	er, National
-	8118141 68514	L LOOK DATE THEREOS				thesda 14, Md.
23	REMOVAL (Specify)		23c. NAME OF CEMETERY		23d. LOCATION (City, town, or	
-	CLINICIAL CURCOTO	9/24/60			Suitland, (Suit	
24.	FUNERAL DIRECTOR'S	RILLIA EST	3018 Ess 12th S Washington 1	T. N.E. 25a. REC		STRAR'S SIGNATURE
		In Idla ( N E )		TA JOUR INATES	0 6 160 0 11	0 1/2

DATEP 26 '60

Calling & Kraus

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 page 3 should be detached far use as the burial-transit permit. the State Board of Health priar ta burial, cremation, ar removal, TO HOSPI VR A15 (4)

WILDOW and the substitute north final - avec 33 serial Andreas of the control of the True! - Calls to the contract of the contract o e e THE TENED TO SEE THE SEE tions of the Santest James, December 11, San Sant Investor , restrict from the life of the l . Lot of the case of them to seem think it is the case of the case meaters (ameration berighes western) interest alogain to the contract of

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10369

	TUATS CEKIIFICA	AIE OF DEATH
	PLACE OF DEATH  G. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Don 4-600000
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  TAKONA PARK
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION SANITARIUM & HOSPITAL	d. STREET ADDRESS  14 Sherman Que PES NOTE
	NAME OF DECEASED (Type ar print) Hugo Faust	ambrosi DEATH Light 29 1960
Ĺ	16. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In Jeors last birthday)  1 Jeon Service Serv
	during most of working life, eyen if retired U.S. Cou	+. D.C. U.S.A.
	Faust A. Ambrosi	amelia Lombardi
	WAS DECEASED EVER IN Ú. S. ARMED FORCES? s, no, or unknown)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Hosp, tal Records
	PART I. DEATH Enter only one couse per line far (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which which and the course per line far (a), (b), and (c).	Pap, Carcinary. Bladder.
	gove rise to immediate cause (o), stoting the under:    lying couse last.   (c)	uguy- bday.
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While at work at work	PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State) foctory, street, affice bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an 7/20/20/20/20/20/20/20/20/20/20/20/20/20/	death accurred at 12 M, from the causes and an the date stated above.
	220. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS.   972 STAFF
	PHYSICIAN'S NAME (Type) HUWARD T. MORSE	22d. ADDRESS DE Tahoma Parks Mid
23	REMOVAL (Specify) Col. 3, 1960 Savyilli	CERRETURY 23d LOCATION (City, jown, or costney) (Stole), War Britis Harpers Flery W. Va
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS AUTHOR DUNC	DATE OCT 3 '60 CONTROL SIGNATURE

VR A1S (4) 1SM 9/59

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rehained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in any the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 22 haurs ofter death.

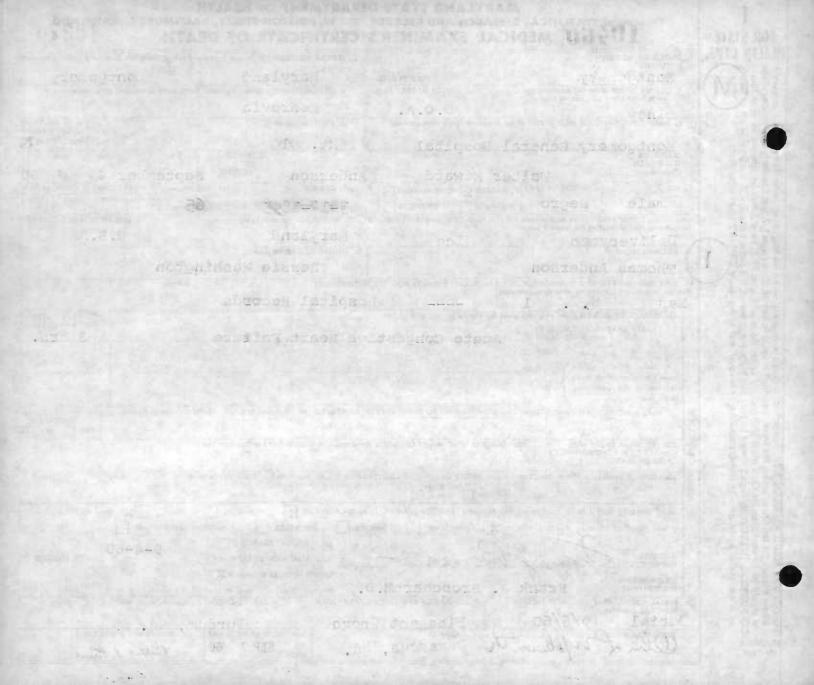
after death. Page 4

# FOR STATE HEALTH DEPT al director. Page for your files. necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. AISME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 6. COUNTY MONTGOMERY MARYLAND MARYLA

, "	e. COUNTY		a. STATE	ACT (Attions care	b. COUN		lice pelote admission)
	Montgomery	MARYLAND	Mary!	Land	b. COUN	Montg	omery
	b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outsida corpora	ata limits, write	RURAL end give	neerest town)
		D.O.A.	Monro	ovia			
100	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS				I e. IS RESIDENCE
							ON A FARM?
-	Montgomery General H	ospital	Rt. #1				YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey	Year
	(Type or print) Walter	Edward	Anderson	DEATH	Septe	ember 4	19 60
S.	SEX 6. COLOR OR RACE 7. MARRIE	D T NEVER MARRIED 1 8	DATE OF BIRTH		AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	male Negro WIDOW		3-14-189	55	ast birthday)	Months Days	Hours Min.
10		IND OF BUSINESS OR INDUSTR				1 12 CITIZEN	OF WHAT COUNTRY
	one during most of working life, even if retired)	and of boshiess or hibosik		_	197)		
1	Deliveryman	Ice	Maryland			U.S	• A43
I I 'A	FATHER'S NAME	TO THE SHAPE IN	14. MOTHER'S MAIDER				
-17	Thomas Anderson		Bess:	ie Wash:	ingtor	1	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Addrass		
	Yes (Ifyasgivewerordetasofservice)	U	ospital Re	ecmmde			
-	YOS W.W. # 1  1 B. CAUSE OF DEATH [Enter only one cause per		Oppicar Ke	5CDD CS		1.65	TERLIAL BENLIEF.
	PART I. DEATH WAS CAUSED BY:	ine for (e), (b), and (c).					NSET AND DEATH
	IMMEDIATE CAUSE (a)	ute Congesti	ve Heart I	Faiture			3 hrs.
	DUE TO						
	Conditions, if any, which (b)						
	geve rise to immediate cause						
	(a), steting the underlying DUE TO						
	cause lest. (c)						
O N	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
1							YES NO TA
CERTIFICATION	2Da. EXTERNAL CAUSE WAS   20b. DESCR	IBE HOW INJURY OCCURED. (E	ntar natura of injury in Pa	art I or Part II of ite	om 18.)		
SE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
		INJURY OCCURRED   200, PLA	CE OF INJURY (Home, far	rm, ' 20f. (City or	- 41	16	15
MEDICAL	Hour a.m. While		ory, street, office bldg., at		riownj	(County)	(Stata)
ME	p.m. 19 at wo	rk at work			-650-3		
	21. I certify that I took charge of the ren	nains described above, he	ld an Autopsy	Inspection	, Inquir	y X and	in my opinion
	death resulted from: Natural causes	Accident . Suici	de , Homicide	Unde	termined ma	anner 🗍	
	0		CHIEF MEDICAL				
	ACTUAL TO 1065	1 0-				9-4-60	
	SIGNATURE Skung y	without	M.D. ASSISTANT ME	DICAL EXAMINER			DATE SIGNED
	EXAMINER'S			AL EXAMINER			
	NAME (Typa) Frank J.	BroschartM.D	Address (Street,	, city, town, or cou	unty)	ALC: N	
228	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	N (City, town,	or country)	(Stete)
1	REMOVAL (Specify) Burial 9/6/60	Pleasant G	00770	Duran	3		
23		ADDRESS	24a RF	EC'D BY REGISTRAL	R I 24b, REGI	STRAR'S SIGNAT	TURE
1	(Olim of Woleren the	D	4d.	SEP 7 '60			
	Court W Tradation o	, I	DATE	pract 1 Oc	(	Irthun S. H	raud



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY MONTGOMERY MONT GOMERY MARYIAND MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. write RURAL and give nearest town) SILVER SPRING VIS. SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 8915 GEORGIA AVENUE retained 8915 GEORGIA AVENUE YES NO X 3. NAME OF Middle 4. DATE DECEASED BER'THA KATHERINE (Type or print) ARENDS DEATH SEPTEMBER 29 1960 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months | Hours FEMALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOMEMAKER OWN HOME SALEM. MICHIGAN U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE STAEB KATHERINE FINKBINER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Dr. Theodore G. Arends, 8915 Ga. Ave. with no none Silver Spring, Marinterval BETWEEN cernisca.
If X pending" in pencil in wall Examiner's Office along with the used as a burial-transip of the used as a burial-transip of the used as a burial-transip. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acclusin IMMEDIATE CAUSE (e) Justolen DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X pluods 200. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING WEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While \_Not While Hour a.m. et work et work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 74. Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE \_ 9/29/60 DEPUTY MEDICAL EXAMINER EXAMINER'S FRANK O. BROSCHART NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 240 CEDAR HILL CEMETERY ö BURIAL 10/1/60 PRINCE GEO. COUNTY. MARYLAND 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Cirthun S. Kraus SILVER SPRING. MD. OCT 3 '60 5M 7/59 DATE

MILYARE TO THE METHER STAYS CHAPY TO ME or. theodorn treatment the state of the AND A SECRET OF THE PARTY OF TH right, still a serious forcing, sorial agency serious for

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomery Maruland Montenmery b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Maple Ave., Chevy Chase, Md. YES NO Maple Avenue NAME OF 4. DATE funerol Middle Last Month Day Year DECEASED Η. (Type or print) DEATH 1960 Barnard September29 James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED | Male yrs. 10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Standards Wash., D.C ect. Bureau of Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Montgomery Barnard Grace Haliday 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Give No Dorothy W. Barnard-Item# 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY 00 PERFORMED? YES -NO N 20g. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIF 10b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pinoy 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) 20f. (City or town) (Stale) writing the whief Medical factory, street, affice bldg., etc.) MEDI a. m Not while p. m. at work at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry , and find that Chief forwarded to the Chief FUNERAL DIRECTOR: death resulted from: Natural causes , Accident . Suicide , Homicide , Undetermined cause . ficote, ACTUAL DATE SIGNED That M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Frank Broschart DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL (Specify) 0 Glenwood Washington, D.C 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR VS. A15ME(5) heeler Funera DATE SEP 3 0 '60 arthur S. Kraus ockville Md 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10373

CERTIFICA	IL OI DEATH		
			ace before admission)
MARYLAND	Virgin:	ia B. COUNTY Alex	xandria
LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RURAL and	give nearest town)
1 Hour	Alexandria	831	X - 3
	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
sda 14, Md.	17 Pratt St	reet	· YES   NO 1
Middle Elmer	Bates	4. DATE Month OF DEATH September	Doy Yeor 15 1960
NEVER MARRIED		last hirthday) 144-	1 YEAR IF UNDER 24 HRS.
DIVORCED [			Days Hours Min.
ND OF BUSINESS OR INDUS			IZEN OF WHAT COUNTRY
.S. Governmen			U. S. A.
one Th	e Clinical Ce	nter, Bethesda 14,	Maryland
far (a), (b), and (c).]			INTERVAL BETWEEN
e pulmonary i	nsufficiency		ONSET AND DEATH
			3 27
hogenic carci	noma with wid	e spread metastasi	s l Year
		and coronaries wi	
			l Year
NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES MO
BE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort   or Port    of item 18.}	
URY OCCURRED 20e. PLA Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	County) (State
the deceased free	tember 15, 16	0 to September 15 196	O, that (I) (we) las
1960 , and that d	leath accurred 12p	M, from the causes and an th	e date stated abave
,			22b. DATE SIGNED
	177511701110		
k !			cember 16, 19
	M.D. PHYS. DIR  22d. ADDRESS The	Clinical Center	cember 16, 19
s, M.D.	M.D. PHYS. DIR  22d. ADDRESS The		cember 16, 19
	M.D. PHYS. 20 DIR 22d. ADDRESS The National Ir	Clinical Center	cember 16, 19
M.D.	PHYS. 2 DIR  22d. ADDRESS The  National Ir  R CREMATORY  1 Cem.	Clinical Center astitutes of Health 23d. LOCATION (City, town, or county)	ember 16, 19 1, Bethesda, 1 (State)
	LENGTH OF STAY IN 1b  1 Hour dress)  sda 14, Md.  Middle  Fimer  DIVORCED  DIVORCED  NO OF BUSINESS OR INDUS  CIAL SECURITY NO. 17. IN  Ione  The for (a), (b), and (c).]  The pulmonary in  Chogenic carci  The atheroscler  Interior wall  NITIBUTING TO DEATH BUT  URY OCCURRED  Of Work  The deceased from I	MARYLAND  O. STATE  Virgin:  C. CITY OR TOWN (If our  Alexandria  d. STREET ADDRESS  Schalle, Md.  I Pratt St  Middle  Elmer  Bates  DIVORCED  DIVORCED  May 16, 189  ND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole of  14. MOTHER'S MAIDEN NO.  Ella Morris  CIAL SECURITY NO.  The Clinical Ce  for (a), (b), and (c).  The Clinical Ce  The pulmonary insufficiency  Chogenic carcinoma with wide  The atherosclerosis of aorta  Interior wall infarct  NITIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN  BE HOW INJURY OCCURRED. (Enter noture of injury in Part of the work  The deceased free ptember 15, 16  The deceased free ptember 15, 16	LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and Alexandria  dress)  d. STREET ADDRESS  esda 14, Md.  17 Pratt Street    ADATE

may be reharmed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detoched far use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Boord of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. 05

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hos

ofter death. Poge of

TO HOSPIT VR A1S (4) 1SM 9/59

13501 CALL DECK TO A MILE SHEET, THE ELECTRICAL to the control of the A service of the term of the contract of the c The state of the s to the state of th . The contract of the contract

	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
[0390]	CERTIFICATE OF DEATH

10374

7	-2 (11)				
	PLACE OF DEATH G. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARY)	I COLLETY	ian: Residence before admission) MONTGOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 1b	00	outside corporate limits, write le ER SPRING	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Ocala Street	address)	d. STREET ADDRESS 9506 Ocal	a Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) CATHERINE	Middle ELIZABETH	lost BEALL	4. DATE MOI OF DEATH	Day Year 19 60
	S. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE		2/13/76	9. AGE (In years lost birthday) 84 yrs	Manths Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Ass*t. Mgr. Gov*t. Cafeter		TRY 11. BIRTHPLACE (State MARYLAND	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	RHYNALDO SNYDER		14. MOTHER'S MAIDEN N HARRIETT		
	(Yes, no, or unknown) . (If yes, nive wor or dates of service)		rs. Thelma B.	Matthews, 950	dress 06 Ocala St.
	18. CAUSE OF DEATH [Enter only one couse per lin  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	eneralized	arteresses	or Diseas	onset and death
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Semility	NOT RELATED TO THE TERMI	inal disease condition gi	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Port I ar Part II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 While of work	_ Nat while _ foo	ACE OF INJURY (Hame, farm tory, street, office bldg., etc		(County) (State
	21. I certify that (I) (this haspital attend	17 1-0	eath accurred at 7 2	M, fram the causes a	nd an the date stated above
	220. SIGNATURE Dernard a Totger	ald	M.D. PHYS. DI	ED. STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NEW TYPE NARD A. F172	GERALD	22d. ADDRESS 217 UNIO	VERSITY BLU	10 E., S.S. Ma
	230. BURIAL, CREMATION, PREMOVAL (Specify) 9/20/60	23c. NAME OF CEMETERY O	R CREMATORY CHURCH CEMETE	23d. LOCATION (City, town, RY CEDAR GI	or county) (State) ROVE, MARYLAND
	24. FUNERAL DIRECTOR'S SIGNATURE EY INC.	SILVER SPRI	INO , I'MO ,	250 0 4 100	ISTRAR'S SIGNATURE

TO HOSPIT. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page, a may be returned by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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and the same			
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	- 42 Car 1 1/2 1 1 1 2 2	47136211	
			ON EXPENSE PROPERTY.
	Constitution of		

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10375

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where		n: Residence before admission)
	Montgomery County	MARYLAND	Maryla	b. COUNTY	Mont.
n	<ul> <li>b. CITY OR TOWN (If autside corporate limits, wr RURAL and give nearest town)</li> </ul>	ite c. LENGTH OF STAY IN 1b	20	ide carporate limits, write RU	(RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give st	9 months	Silver Spri	ing, Md.	e. IS RESIDENCE
B	OR INSTITUTION	reer dodress)	4		ON A FARM?
5	Kensington Gardens S			unett Avenu	YES NO
	3. NAME OF First DECEASED	Middle	Last 4	. DATE Month	h Day Year
		Bean		Sept.	1960
	S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	M White WID	OWED DIVORCED	3/31/1882	788 yrs.	Will.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	U. S. Gov't	Govt.	Maryl	and	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
1	BenJ. A. Bean		Mary F. I	Blundon	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   (If yes, give wor or dates of service)	1	FORMANT	Addre	ess
	No	Unknown H	lospital Reco	ords	
Н	1B. CAUSE OF DEATH [Enter anly ane cause p	er line for (a), (b), and (c).]	111.		INTERVAL BETWEEN
a	PART I. DEATH WAS CAUSED BY:	Cerebral 7	-hrombosis		Month
Н	5 32 DUE TO				
	Canditians, if any, which ) (b)				
	gave rise to immediate				
	lying cause last.				
		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITION				PERFORMED? YES NO X
		DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Par	t I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	2		CE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
	Havr o. m. 19 W	hile Nat while tac	tary, street, affice bldg., etc.)		
	21. I certify that (I) (this haspital) at	anded the decored from	Dr + 3 106	i to Sept.11	1960, that (1) (we) last
	saw the deceased alive an Sent	- 1 h	44.	/	d an the date stated above.
	22a. SIGNATURE	A and mar a	edili decorred dig. Z.W	i, it diff file couses and	2%b.DATE
	(Kannond O Son of	shows the	M.D. PHYS. MED.	CTOR STAFF	9/11/60
1	ZZC. PHYSIC AN'S	1	22d. ADDRESS	/	11.100
J.	Raymond Brads	haw, Jr.	345 Universi	ty Blyd, West	Silver Spring, Me
	23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	R CREMATORY 23	d. LOCATION (City, tawn, a	r county) (State)
	Burial 9/14/60	Mt. Zion Ce	emetery	Bethesda, M	aryland
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 12	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
	Robert A. Prophises	Betherda, Mai	CXLAND DABEP 1	4 '60 arth	or S. Kraus

A CANADA SECURIO LIVEL DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARR A.E.M. State Land Land Land the state of the same of property of values as while the program of the average of the control of

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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			MARO		CERTIF	ICAIE	OF DEA	In					
		COUNTY	Montgomery		MARY		USUAL RESIDENC o. STATE Virg	E (Where	deceased li	b. COUNTY		before adn	nissian)
		CITY OR TOWN ( RURAL and give n	If autside carporate limi earest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autsid	le corporat	e limits, write l	RURAL and giv	e nearest to	own)
	d. U	or institution	TAL (If not in hospitol, g al Hospital				d. STREET ADDRE	iss #=		8	- X2	10	RESIDENCE NA FARM?
	DEC	ME OF CEASED pe ar print)	Fir Gra		Mae Mae	I	Last BEARD		DATE OF DEATH	Mo Se	pt.	Doy 5th	Year 1960
	S. SEX		6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIE	D   B. D	ATE OF BIRTH		9.	AGE (In years last birthday)			
	Fe	emale	Caucasian	WIDOWED	DIVORCE		5-3-86			74 yrs		oys Hau	rs Min.
1	10a. U	SUAL OCCUPATION of war Teache	ON (Give kind of work king life, even if retired		ind of Business o		11. BIRTHPLACE (		areign cour	ntry)	12. CITIZE		T COUNTRY?
/	13. FA	THER'S NAME					. MOTHER'S MAIL		E				
		Jose	ph Beard					Marv:	Siebe	ert.			
	(Yes, no		ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	ocial security no	Robe				SN U.A	Nava tion.	L Section	urity D.C.
	c	Canditions, if agave rise to cause (a), stating ying cause last.	the under-	De Une	aletes of	nel ses 7	litus - pye	Con	ephr	utis CONDITION GI	VEN IN PART 1	(a) 19. W/	AS AUTOPSY
2	CERTIFICATION											PEF	REFORMED?
		Da. ACCIDENT W PR CONTRIBUTING F EITHER, NOTIFY	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature of inju	ry in Port	I or Part II	l at item 18.)	13		
	MEDICAL 02	Hour o.m. p.m.	RY Manth, Doy, Ye	White at work	JURY OCCURRED Nat while at wark		OF INJURY (Home , street, office bldg		POf. (City a	r tawn)	(Ca	unty)	(Stote)
			at (I) (this haspital	) attende 9-5			8-11 h accurred at	1960 12:50		9-5 ne causes a	19 60 nd an the	, that (I date stat	) (we) last ed abave.
		20. SIGNATURE	- 021	m	P	M.D	ATTENDING PHYS.	MED. DIRECT	TOR 🗆	STAFF PHYS.	9-5-	60	225. DATE SIGNED
	22	2c. PHYSICIAN'S NAME (Type)	John H. Ma	Har	F MC USN	ne u	U. S.	NAVAI	HOSI	PITAL,	BETHEST	A, M	2
	23a. B	BURIAL, CREMATIC	ON. 236. DATE THEREC	F	23c. NAME OF CEM	ETERY OR CI	EMATORY	23d	LOCATIO	ON (City, tawn,	ar county)	(5	State)
	Bui	PIAL (Specify	Vert ?	-196	Chestnut	Grove	Cemetery		Hern			cginia	a
	1	een Fune	- Hore	Hern	don, Virgi	nia	m la 250.	CF.	P 9	AR 2Sb. REG	Circles Sign	Thank	

TO HOSPITA VR A15 (4) 1SM 9/59

Wall and the state of the state AND THE RESIDENCE OF THE PERSON OF THE PERSO Allerent contracts of the contract of the cont

# TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be received by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

rs after death. Page 4

VS A15 (4) 1SM 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10463

CERT	FIC	ATE	OF	DEA	TH

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	Dist		è	1.5	.5	6	1
000	Dies	Na	1	1	10		63

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE COUNTY
Montasmery MARYLAND	o. STATE Merryland b. COUNTY Montgomena
b. CITY OR TOWN (If ayiside corporate livers, write c. LENGTH OF STAY IN 1b RURAL and give nearest Jown)	c. CITY OR TOWN (It outside carporate limits, write RURAL and give nearest town)
Bethe sda 6 years	Betterde nd
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS // BELLESON IS RESIDENCE
4883 Battery June, abt. #!	4883 Battery Lesy # YES NO
3. NAME OF DECEASED (Type or print)	edict John Sept 2 1960
5. SEX.   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female white WIDOWED   DIVORCED	July 21, 1919 41 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11. BIRTYPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
eastier Kestaurant	Beaumont Texas U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ulex Angelo	Magaje Kiatta
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT ( Mr. Go Address Renadict
no YES IN ENOUN	unbound - 4883 Ballery Apt #1
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Vascular accident ONSET AND DEATH
DUE TO	
Conditions, if any, which) (b) hay berten	Wears
gove rise to immediate couse (o), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
[F]	YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   10f. ETHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	tory, street, office bldg., etc.)
21. I certify that I attended the deceased from Melly	19.55, to Slat 1 last saw the deceased
alive on Sept 1 1960, and that death	
0 10 10 00 4	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE MILLER M. CATHAMORANIA	no. 4890 Battery Love Betherela
PHYSICIAN'S Aliffing IR F Francisco	1 9/2/612
NAME (Type) /// Ped ). IT MONTY	aut / / 50
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Specify 9-6-60 Parklawn (	Cemetery Montgomery County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERT A. PUMPHREY Betherds	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda,	Md. DATE SEP 7 '60 Cirther 2. Thomas

	ATAMOS CERTIFICATE OF DEATH							
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		Control Programme Control Cont						
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	The second secon							

TO HOSPITA

VR A1S (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 10433

10378

XI.			- Contract to the										
	1. PLACE OF DEATH o. COUNTY Mo	ntgomery	7	MARY	LAND	2. USUAL RESIDI	ryla		lived. If institut b. COUNTY		ce befare		n)
	b. CITY OR TOWN (If our RURAL ond give neare Chevy Ch	IN 16		, ,	hase	ote limits, write f	RURAL ond	give neare	ist town)				
	d. NAME OF HOSPITAL OF INSTITUTION 7107 Pom	(If nat in hospitol, g ander La		oddress)		d. STREET AD 7107		nder	Lane	1		ON A F.	ARM?
	3. NAME OF DECEASED (Type or print)	MARY		Middle E.		BENTZ		4. DATE OF DEATH	Sept.		Day	Yes 19	60
	S. SEX 6.	White	7. MARRI WIDOWE	ED NEVER MARRI		B. DATE OF BIRTH	,188	-	9. AGE (In yeors 10st birthdoy) yrs.	Menths	_	Haurs	24 HRS. Min.
	10a. USUAL OCCUPATION during most of working Housewi	life, even if retired)	one 10b. I	KIND OF BUSINESS O	RINDUS	TRY 11. BIRTHPLA	CE (Stote o		untry)	12. CIT	S.A	VHAT CO	UNTRY?
	13. FATHER'S NAME	Turk				14. MOTHER'S A	nkno					100	
	15. WAS DECEASED EVER IN (Yes, no, or unknown) (If y	U. S. ARMED FOR	rvice)	SOCIAL SECURITY NO		Peter	us <b>ga</b> J.Be			Same	as	Iter	n#2
	PART I. DEATH  Conditions, if any, gove rise to imm	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO Which ) (b)	1	e for (o), (b), and (c).	ch	bronic of Co	lon	bdor	nina	e		yela Yla	
	Cause (o), stating the lying cause lost.  PART II. OTHER	under-	OITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR		PERFOR	UTOPSY MED? NO
	200. ACCIDENT WAS LONG CONTRIBUTING OF CONTRIB	JNDERLYING  CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	). (Enter noture of	injury in P	art I ar Part	II of item 18.)				
	20c. TIME OF INJURY Havr a. m. p. m.	Manth, Doy, Yea	While at work	JURY OCCURRED Nat while at work	20e. PLA foc	CE OF INJURY (H	ome, farm, bldg., etc.	20f. (City	or town)	(	County)		(Stote)
	21. I certify that (		attend L.	10 //		Soft / eath accurred	9 . 19 at 8:15	W. From	the causes as		tha date		
1	22a. SIGNATURE  INSTITUTE  22c. PHYSICIAN'S	A. Wi	ldm	an	ı	ATTENDING PHYS. 22d. ADDRES	DIF	D. RECTOR	STAFF PHYS.		9	22b.	DATE SIGNED
	NAME (Type)	THOMAS		VILDMAN		372	991	norvi	son s	st.na	W., C	lash	. DO
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	Sept.26		30 Park1	awn	Cemete	-	Mont	on (City, town,	Cou	-	(State)	
	24. FUNERAL DIRECTOR'S S ROBERT	A. PUMPI	IREY	Bethes	da,	340	DATE SE	2 7 '60		STRAR'S SI			

10433

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LAUGUETA A Brosola

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Maryland Montgomery Montg. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) director. write RURAL end give neerest town) 50 10 yrs. Silver Spring LU yrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) Silver Spring d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E 406 Hinsdale Lane 406 Hinsdale Lane YES NOT NAME OF Middle 4. DATE Month DECEASED Robert Earl Blair Sept 17, 1960 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 may b d 2 with hours af 60 vice Months Hours 18/1900 WIDOWED DIVORCED male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working lile, evan if ratired) Give Pages 1 pages | within Col. USA retired Ark. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit. File Edw. Thomas Blair Cherry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give war or dates of service) Office along with burial-trensit permi Virginia Blair (wife) Item 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (e) DUE TO Fracture of Skull Conditions, if any, which sudden gave rise to immediate cause DUE TO (e), stating the underlying Coronary occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO writing le Chief / Page 3 : Fell down basement steps at home 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) 6:00 p.m. 9/17/60 10 al work at work home Silver Spring, Montg. Md. OR: 21. I certify that I took charge of the remains described above, held an Autopsy 🕱 Inspection 🛭 Inquiry and in my opinion death resulted from: Natural causes Accident x Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 9/19/60 EXAMINER'S NAME (Type) Frank J. Broschart Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stale) REMOVAL (Specify) LINGTON NATIONAL 240 p URIAL **FUNERAL DIRECTOR** 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Cathur & Hans

RYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10381

1. PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W o. STATE Illinois		If institution. COUNTY	on: Residence be	efore admission)
b. CITY OR TOWN (If outside RURAL and give nearest to Bethesda	de corporole limits, write own)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	its, write RI	URAL and give	nearest town)
d. NAME OF HOSPITAL (IF OR INSTITUTION  The Clinical		address)	d. STREET ADDRESS 211 State	Street	5	1 X-3	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First Martha	Middle Christine	lost Blanton	4. DATE OF	Mon Septen		Day Yeor 11 1960
	OLOR OR RACE 7. MARE	RIED NEVER MARRIED MED DIVORCED	8. DATE OF BIRTH August 6. 1	9. AGE	(In years birthdoy) yrs.		AR IF UNDER 24 H
10o. USUAL OCCUPATION (Gi during most of warking life Student	ve kind of work done 10b. e, even if retired)	None	JSTRY 11. BIRTHPLACE (State				OF WHAT COUNT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Charles Blan	nton		Helen Saw				
1S. WAS DECEASED EVER IN U (Yes, no. or unknown) (If yes, s	J. S. ARMED FORCES? 16.		he Clinical C	dical Receipter. Bet			aryland
Conditions, if any, w gave rise to immed cause (a), stoting the un lying couse lost.	hich (b) Acut iote DUE TO (c)	e lymphatic l	eukemia	What Differs Cont		2	2 weeks 2 months
ICATIC		CONTRIBUTING TO DEATH BU				TEN IN PART IQU	PERFORMED YES NO
	AUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I of Part II of I	iem io.;		
20c. TIME OF INJURY Mc Haur o. m. p. m.	anth, Doy, Year 20d. I 19 While of wor	Nat while fi	LACE OF INJURY (Hame, far actory, street, affice bldg., et	m, 20f. (City or tow	n)	(Coun	nty) (St
21. I certify that (I) sow the deceased o	(this hospital) attendative on September	ded the deceased from erllg 60 and that		60, to Sept			
22a. SIGNATURE	rall	melt.	M.D. PHYS.	AED. STA	FF 'S. 🕱		9/11/6
22c. PHYSICIAN'S NAME (Type)	ALTER OPPELI	r. M.D.		e Clinica s of Healt			ational
230. BURIAL, CREMATION, 23	9-/2-60	23c. NAME OF CEMETERY		CARI			44 (Stote)
24. FUNERAL DIRECTOR'S SIGN	NATURE Co Anc.	ADDRESS 1400 Chapein of		EP 1 9 '60	200,	STRAR'S SIGNA	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 10392 CERTIFICATE OF DEATH

10382

	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If ins Virginia <sup>b. COU</sup>		re admission)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL SITE of town)	c. LENGTH OF STAY IN 16		utside corporote limits, wr .eston	ite RURAL and give ned	orest town)				
	d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION 2105 Reliably Design	et address) se Reedie: Drive	d. STREET ADDRESS	Dixie Street	t.	e. IS RESIDENCE ON A FARM? YES NO X				
	3. NAME OF First DECEASED (Type or print) JOSEPH!	Middle H•	BLOOM:	OF	Month Do	Year 19 60				
	376 9 - 38 + 2	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug 22, 1889	9. AGE (In your last birthd)		IF UNDER 24 HRS. Haurs Min.				
1	10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if refired)  Junk Dealer: (Ret)	b. KIND OF BUSINESS OR INDU	Roumani	a		enia				
	Joseph Bloom		14. MOTHER'S MAIDEN N							
	(Yes, no, orangknown)   (If yes, give war or dates of service)		NOSE M. Bloom:		xie Street	irginia				
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITION	Myoraidu Bennah ja	el jusare geten.	tims vocleus	S. ON	ERVAL BETWEEN SET AND DEATH  WWW. WAS AUTOPSY PERFORMED?				
1	20a. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Doy, Year Haur a. m., p. m.  20d. INJURY OCCURRED While Not while at work of the deceased from 19										
	24 FUNERAL DIRECTOR'S SIGNATURE	217 9th Street		7 100	REGISTRAR'S SIGNATU Inthun S. Kray					

STATE OF A STATE OF S to ate at 17 Office and a serial office at a majorit (019) . But the state of IT THE REAL PROPERTY OF THE PARTY OF THE PAR Juni Jeliat Mari delle diesel tries Rose M. Sloom Courtestur, Nest Vergint Wilsiam W. Darinin Com 1987 Por minn Dr. Bilway & wing Mo. vertein book .it | College | 1 Alth slatetay test solle sit - - -. W. H. charlett Eth Chinate H. W.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10383

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAN	o. STATE M	CE (Where deceased laryland		Montgo	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN		/N (If outside corpor Kensingt		RURAL ond give	nearest town)
OR INSTITUTION	Glenridge St		d. STREET ADDR	ess Henridg	e St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EDNA EDNA	Middle P.	BOHRER	4. DATE OF DEATH	Sept	oth . 9,	Doy Yeor 1960
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED		1890	9. AGE (In years lost birthday) 70 yrs.	Months Day	AR IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPAT during most of wa P.B.X.OT	ION (Give kind of work done looking life, even if retired)  OCRATOR  A	kind of Business or if partment B1			ountry)	U.	S.
13. FATHER'S NAME			14. MOTHER'S MA				
B. F. Ry	yan		Maude	e Henry			
15. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	Shirley B.	aughter . He <b>f</b> lin	Add	Same as	s #2.
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which immediate g the under.	myoca,	edial	Infar	chian	,	
PART II. O' LE CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	ETERMINAL DISEASE	E CONDITION GIV	VEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING (1) 20b. DE IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of inj	jury in Port I or Port	II of item 1B.)		
20c. TIME OF INJU Hour o. m. p. m.	. While		e. PLACE OF INJURY (Hom foctory, street, office bld		or town)	(Coun	ty) (Stote
	nat (I) (this haspital) atten	79 /-	at death accurred a	_, 19 <u>60, ta_</u> tM, fram	Sept 7		that (I) (we) las ate stated above
220. SIGNATURE	Lobert Kr	anner	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		9-10-60
22c. PHYSICIAN'S NAME (Type)	Robert Krame	r	22d. ADDRESS 1703	3 East	West	1 15,6	way 85.
23a. BURIAL, CREMATI BURYAL Specif		23c. NAME OF CEMETER ROCKVILL	e Cemetery		ntgomer	0	(Stote)
24. FUNERAL DIRECTO ROBERT		Bethesda.		o. REC'D BY REGIST		ISTRAR'S SIGNA	

VR A15 (4) 15M 9/59

TOTAL CENTRALE OF PRACE Good stone (one the state of the party and the party of t t . Just Sale I light to the sale . I TO I WELL . The company was a property with the property of eumist : .ebid Jrya Magn \_\_\_\_\_riders.v.X.... U VIII ON ON ON ON ON Salt Mar H. Heff Lot the transfer of the little of MACHINE A. PROPERTY BELLESSES, UNA.

VR A15 (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 10465

"	o. COUNTY Montgome	ry		MARYLAI		Virginia		b. COUNTY	. Kesigence before	Gomission, A
	b. CITY OR TOWN (III RURAL and give no Bethesda	1		Months 27		CITY OR TOWN (IF	autside corporate li	imits, write RUR	AL and give neare	est tawn)
	d. NAME OF HOSPIT	AL (If not in hospital, gi			Coaly	d. STREET ADDRESS		^	11. 0	IS RESIDENCE
	OR INSTITUTION	al Hospital		Z I			dale Road	2	1-X/	ON A FARM? YES NO
3.	NAME OF DECEASED (Type ar print)	First <b>Es</b>	ther	Middle <b>Harri</b>	.s	BOODA	4. DATE OF DEATH	Manth Septe	mber 15	Year 19 60
S.	SEX	6. COLOR OR RACE		NEVER MARRIED	8. D/	TE OF BIRTH	9. A0		Manths Days	F UNDER 24 HRS. Hours Min.
	Female	Caucasian		DIVORCED		9-20-91		68 yrs.	Touris Days	min.
10	<ul> <li>USUAL OCCUPATION</li> <li>during most of wark</li> </ul>	ON (Give kind af wark di king life, even if retired)	ane 10b. KIND (	OF BUSINESS OR 1	NDUSTRY	11. BIRTHPLACE (Stat	te or foreign cauntry	)		WHAT COUNTRY?
L	Housewife					Penns	ylvania		U.S.A	
13	. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
	Willia	m S. HARRIS				Emma S	ANDS			
15		R IN U. S. ARMED FORC		SECURITY NO.	17. INFOR	MANT		Addres	S	
1	No	(ii yes, give war ar adies or ser		nown	Larr	BOODA, 4	314 Oakda	le Rd.,	McLean, V	a.
CERTIFICATION	Canditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTHER TOTAL CONTRIBUTING OR CONTRIBUTING	mmediote   DUE TO   (c)   HER SIGNIFICANT COND				RELATED TO THE TERM				3 Mo WAS AUTOPSY PERFORMED? YES X NO
MEDICAL C		MEDICAL EXAMINER) Y Manth, Day, Yea 19	While _ N	OCCURRED 20. lat while		OF INJURY (Hame, fa street, office bldg., e		iwn)	(Caunty)	(State)
		it (I) (this haspital) sed alive an 9-1  MADING, LI	5- 1 2g			ATTENDING PHYS. 22d. ADDRESS		causes and	an the date :	22b. DATE SIGNED
23	a. BURIAL, CREMATIO PEMOVAL (Specify) Removal			NAME OF CEMETE			23d. LOCATION Harris	(City, tawn, ar burg, F		(Stote)
24	HI HI	S SIGNATURE -	PSt.	DDRESS	14/10		SEP 2 0 '60		RAR'S SIGNATURE	

72112411 The property of the party of th Hareke 2 To Lavelt , 2, 4 area . S william ANTERNAL PROPERTY OF THE PROPE L.S. Savel Shart's L. Savenia, M. .. اللف وقط والتر والتبلط والم Toylor Company Constant Consta 

		104	13	CERTIF	FICAT	TE OF DEA	ATH				3	100	0,,
1. F	LACE OF DEATH	OMPRY		MARY	<b>YLAND</b>	2. USUAL RESIDEN	NCE (Where dec		OUNTY	n: Resider			ion)
Ŀ	CITY OR TOWN (If RURAL and give nea	outside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b			corporate limits,		-	100000		)
	TAKOMA 1	ARK MO		2 gdays		DAKO		RK	4				
1	or institution	0	9,	address)		d. STREET ADD	1	wood	AU	E.			FARM?
3. 1	NAME OF DECEASED (Type or print)	Els/		Middle MAR		Bowe	4. DA		Sec.	h st	Do Y	/ town	rear 1960
S. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI		B. DATE OF BIRTH		9. AGE (In lost bir		IF UNDER			R 24 HRS.
1	-emale	Luhite	WIDOW	ED DIVORCE	D 🔲	3-19-	76	64	/ yrs.	Months	Days	Hours	Min.
		g life even if retired		KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLAC	E (State or fore	ign country)		12.CIT	SH		OUNTRY?
13.	FATHER'S NAME	1		(F) (1/4/1)		14. MOTHER'S MA	AIDEN NAME						
	William	Hond				MARI	e. Hu	NT					
1S. (Yes		IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. <b>IN</b> I	FORMANT			Addr	ess			y H
	·700				1	taspital	Reco	ARTS					
	PART I. DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (a	Acs,	ine far (a), (b), and (c).	y Ea	uberno	Reclif	- Jud 1	hype	rpg	ONS	RVAL BE	DEATH
	Conditions, if any		2		60	./ /	retin	tou	101		16	3 h	105
	couse (o), stating the	\ DITE TO	Pros	ressive c	rene	600-ce	scula	rinsu	fice	ENCE	1 0	3 4	05.
CATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO TH	HE TERMINAL DI	SEASE CONDIT	ION GIVI	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	BMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	OCCURRED	. (Enter noture of in	njury in Port I o	r Parl II of item	1B.)			1,4	
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	20d. I While of wor		20e. PLA foci	CE OF INJURY (Hotory, street, office b	me, form, 20f. ldg., etc.)	(City or Iown)		(	(County)		(Stote)
		0	+ attend	ded the deceased		Sept ?	Z. 1860.	to Sepi					we) Tast
	saw the decease	Y. I	3	1		A.D. PHYS.	MED.	STAFF	□	a an m	e dare		DATE SIGNED
	NAME (Type)	John T.	he	ord a	رک	909 f	erskin	a DR	5,	lve	r.S,	0. 6	16/
230	RURIAL, CREMITION REMOVAL (Specify)	236 DATE THEREC	1960	23 NAME OF CEM	METERY OR	SOM ).	23d. t	SCATION (City	, town, o	Toursy)	F	(Stot	e) .
24.	FUNERAL DIRECTOR'S	SIGNATURE /	.1)	254 Cet	eall	At 25	50. REC'D BY R	EGISTRAR 25	_	TRAR'S SI	- 4 -	-	

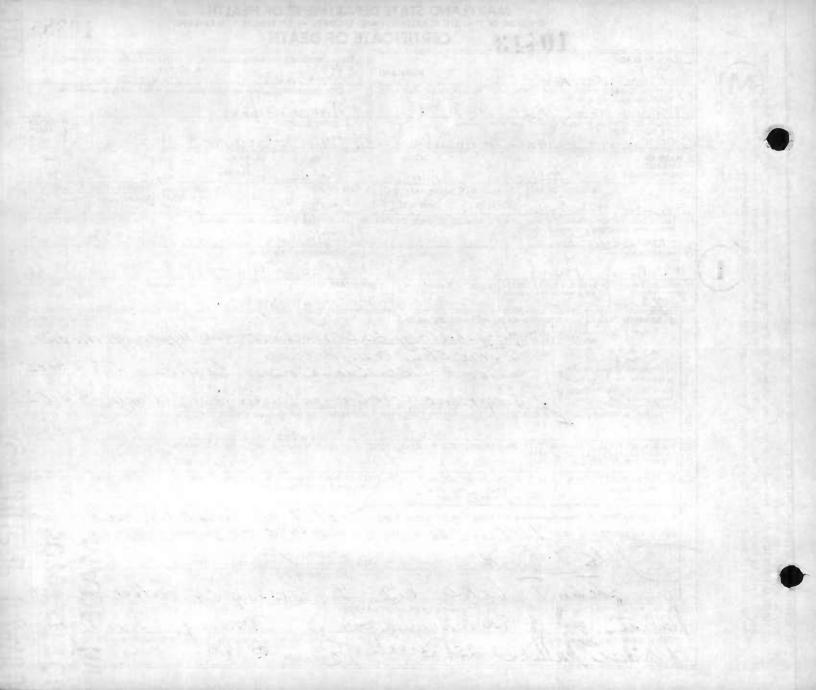
may be reformed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours ofter death. TO HOSPITA VR A1S (4) 1SM 9/59

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 har

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10386

		QERTIFICA-			
1. PLACE OF DEATH o. COUNTY Montgo		MARYLAND	2. USUAL RESIDENCE (Who a. STATE	nere deceased lived. If institution b. COUNTY	: Residence befare admission)
b. CITY OR TOWN (If outside cornected and give nearest town) Silver Spring		c. LENGTH OF STAY IN 16		outside carporate limits, write RUF	47X.
d. NAME OF HOSPITAL (If not in OR INSTITUTION LeDeau Garder			d. STREET ADDRESS 3335 Quesa	da St. N. W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LOTTIE	Middle	Bradford	4. DATE Month OF Sept	Day Year Cember 23 1960
	or race 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	oct.10,1876	Land Black days	F UNDER 1 YEAR IF UNDER 24 HR: Manths Days Haurs Min.
10c. USUAL OCCUPATION (Give kinduring most of working life, ever Housewife  13. FATHER'S NAME	d of work done 10b. n if retired)	KIND OF BUSINESS OR INDU	Washingto	n. D. C.	U. S. A.
James O. Cart		SOCIAL SECURITY NO. 17 I	Mary McE	ly ov	«Wash. D. C.
	or dates of service)	none Tr	nomas A. Bra		uesada St.N.W
Conditions, if ony, which gave rise to immediate cause (a), stoling the underlying cause last.  PART II. OTHER SIGNIFIC	DUE TO	verticuliticontributing to DEATH BU	s, Colon	inal disease condition give	48 hrs 48 hrs N IN PART 1(0) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFIC	OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Part II af item 1B.}	YES NO
20c. TIME OF INJURY Month, Haur a. m. p. m.	Day, Year 20d. I White at wa	Nat while fe	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunty) (State
21. I certify that (I) (this saw the deceased alive 22a. SIGNATURE			death accurred at		., 19 <u>60</u> that (1) (we) la lan the date stated abave 22b.DATE SIGNE SPOT 23. 1960
22c. PHYSICIAN'S NAME (Type)  Robe.  23a. BURIAL, CREMATION, 23b. DA		23c. NAME OF CEMETERY	22d. ADDRESS D. 10609 ( DR CREMATORY	Concord St.,	
Burial Section September 24. Funeral director's signature The S. H. Hines	RE	ADDRESS ashington. I		D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

TO HOSPITA

Laurencer Reservations in the secret in the

The second state and the second second second second second

A. I. Danie Heave

12 . C ADESC: AT RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

" " Little well 2 store TO SERVICE A SCHOOL STORY SHOULD SERVICE STORY Sandy Str. Standardown St. O. C. and the property of the state o . ob water control I wanters Theoria . of THE PERSON NAMED IN THE PARTY OF THE PARTY O TO HOSPITA ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 moy be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board af Health prior to burial, cremation, or remaval, and is event, within 72 hours after death.

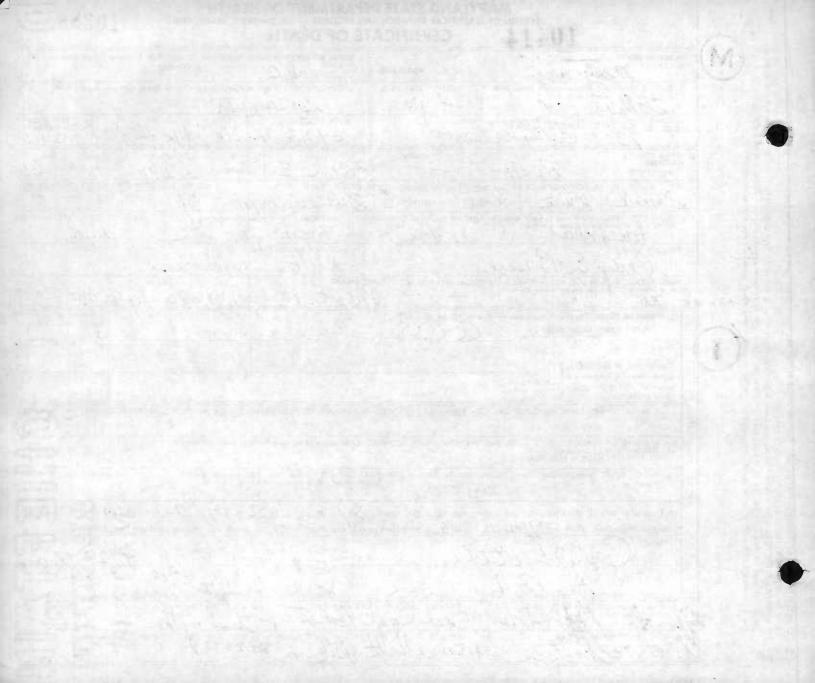
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10388

)[	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
/	o. COUNTY MONIGOMERY MARYLAND	a. STATE D.C. b. COUNTY 4-7X-
	b. CITY OR TOWN (If Guiside carporate limits, write RURAL and give nearest town)  ARSHMA FIRE	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)
	CONCUSTITUTION OF HOLD BOST OF CONCUSTITUTION OF THE CONCUSTION	d. STREET ADDRESS 6923 Maple St. MW e. IS RESIDENCE ON A FARM? YES NO D
	3. NAME OF DECEASED (Type or print)  RUTH  Middle	BRISCOE 4. DATE Sharth Day Year 1960
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years least pirthday)  9. AGE (In years least pirthday)  Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life even if retired)	Washington. D.C. U.Sa.
	13. FATHER'S NAME & Briscoe	Willie Humphries
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give wor or dates of service)	Philip E. Bruseal Jr. 7000 Poplar aye T.P.M.
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Dilerusia Interval Between ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  DUE TO  (b)  DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CON	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10.
		D. (Enter nature of injury in Port I or Part II af item 1B.)
		ACE OF INJURY (Home, form, 20f. (City ar tawn) (Caunty) (State) ctory, street, office bldg., etc.)
		death accurred at 7.M, from the causes and an the date stated above.
	220. SIGNATURE Blittle	M.D. ATTENDING MED. STAFF SIGNED PHYS.   9/22/60
	22c. PHYSICIAN'S NAME (Type) A. B. LITTLE	22d. ADDRESS & FILL STACK. While
	DREMOVAL (Specify) Sept 24,1960 Dack Street	CREMATORY 23d. LOCATION (City, town, or county) (State)
	Wither Nathers 254 Jacks 19	DATE SEP 2 6 60 Charles Thomas

VR A1S (4) 1SM 9/59



fter death. Page 4

requires that the death certificate be executed within 24 ha

ATTENDING PHYSICIAN: The law

TO HOSPITA

	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	Montgomery. MARYLAND	Md. Montgomen
	b. CITY OR TOWN (If auside carporate limits, write RURAL and give nearest tawn)  Silver Spring.  9 months.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	or institution 95 <del>00 Saginaw Avenue</del>	39009500 Saginau Ave YES NO NY
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Lena Vivainia	Brown DEATH Sept. 1960.
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVERCHARRIED	B. DATE OF BIRTH  9. AGE Wyears   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Haurs   Min.
	Female Caucasian WIDOWED - DIVORCED	Oct. 9, 1886 7.3 yrs.
	10a. USUAL OCCUPATION (Give kind of wark dane durings most of warking life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	Home maker Own home	Marxland. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Alfred C. Tolson	Kathrine Elizabeth O'Hare.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	FORMANT (SON) Address Wash, D.C.
		ohn ( Brown, 7413 Blair Rd. N.W.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ure mig.	Z weeks.
	450 DUE TO	
		ed Arteriosclerosis. 10 years.
	gave rise to immediate cause (a), stating the under DUE TO	
	lying cause last. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
	20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 18.)
	- L	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
	Haur a. m. While Nat while p. m. 19 at wark at wark	way, vices, diffee blogs, elect
	21. I certify that (I) (this hospital) attended the deceased fram	Aug. 1 1960 to Sept. 1, 1960, that (1) (we) last
	saw the deceased alive an Aug 26 19 60, and that d	
1	22a. SIGNATURE	, 22b, DATE
	la Carlyll . Humphing .	M.D. PHYS. MED. STAFF PHYS. 9/1/60.
	22c. PHYSICIAN'S	22d. ADDRESS
	C'harles W. Humphreys, Ur.	1746 KSt. N.W. Washington De
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	
	BURIAL Specify) 9/3/60 ST. JOHN'S CI	EMETERY MONTGOMERY COUNTY, MD.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING.	MT) . 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
)	Kammend a waka	DATE SEP 7 '60 Chillum S. Kraus
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Section of the section of the section of the section of Carry Present Break Present APPENDED TO THE STATE OF THE ST and the way that the manage of the state of Car 2011 Marie I marie of the formation of the second the first water the medical state of the second of the sec 

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be exe

TO HOSPITA

VR A15 (4) 15M 9/59

page 3 shauld be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, or remayal,

10465

	1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	I. If institution: Residence before admission) b. COUNTY
	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate li	mits, write RURAL and give nearest town
4	d. NAME OF HOSPITAL (If not in haspital, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Manth Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		O GINDUCII	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. K during most of warking life, even if retired)		TRY 11. BIRTHPLACE (State or foreign country	
	13. FATHER'S NAME Paul Peterson		Landgren	
	(If yes, give wor or dates of service)	10	ilfred P. Cample	Address ell-Sime
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	for (a), (b), and (c).] 6NONARY	+Hnom Bosis	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO  (c)	DATERI	Britiny Disen	OSE 16 YEARS
	3 GASTAIC UL	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I ar Part II af	item 1B.)
	20c. TIME OF INJURY Manth, Day, Year 20d. IN. Haur a. m. P. m. 19 at wark	Nat while fac	CE OF INJURY (Hame, farm, 20f. (City ar tatary, street, affice bldg., etc.)	wn) (Caunty) (State)
	21. I certify that (1) (this hospital) attende saw the deceased alive on Color 2	7 1	1 100	27, 1966, that (1) (we) lost causes and an the date stated above.
	220/SIGNATURE	hezer.	ATTENDING MED. ST., PHYS. DIRECTOR PH	22b. DATE
1	Gordon S.Rosen	Werger	22d. 30Pres W. Montgome	
1	230. BURIAL CREMATION, 23b. DATE THEREOF 10/1/60	23c. NAME OF CEMETERY OF Parklawn	Rocky	
	Tyson Wheeler Funeral Tyson Wheeler Funeral Tyson Wheeler Funeral	ADDRESS Home Rockville.	250. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
		,	WAL A	Consisted as I that the

CHANE 3130 TT 31418015 

R. G. MUTH. LT. MC. USN

M.D. 22d. ADDRESS

U. S. Naval Hospital, Bethesda, Md.

23g. BURIAL CREMATION. REMOVAL (Specify) FUNERAL DIRECTOR'S SUNATURE

22c. PHYSICIAN'S

NAME (Type

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DIRECTOR:

FUNERAL I

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that the death certificate

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shauld

23b. DATE THEREOF 9-24-60

23c. NAME OF CEMETERY OR CREMATORY Louden Park Cemetery 23d. LOCATION (City, tawn, ar county) Baltimore

25a. REC'D BY REGISTRAR

(State) Maryland

Tickner & Sons, Elmbank Ave , Balto , Md .

enna ares

DATE SEP 2 3 '60

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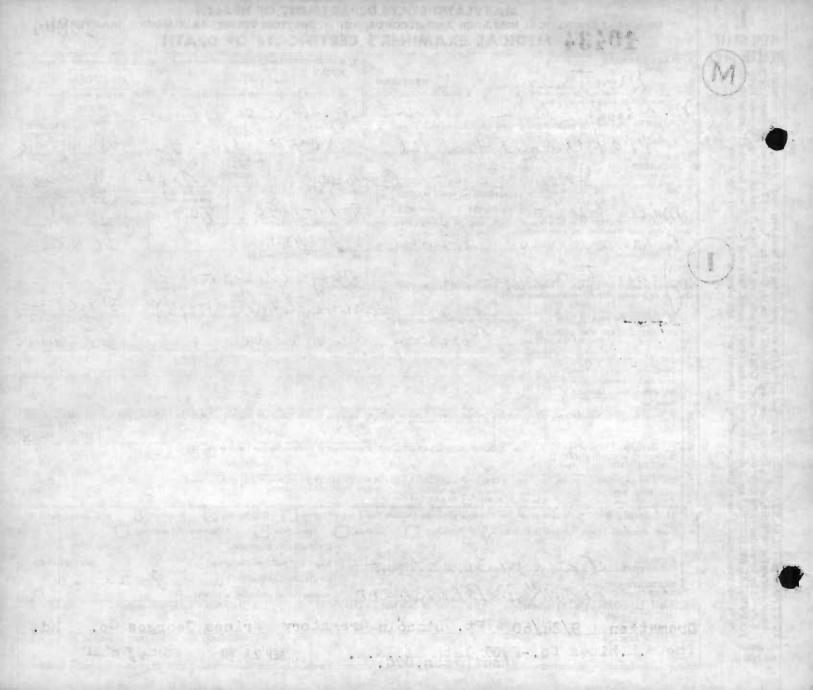
25b. REGISTRAR'S SIGNATURE

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LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARTIA FOR STAT HEALTH MEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY necessary director. Page MARYLAND b. CITY OR TOWN (if outside corporeta limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) your do b write RURAL and give naarast town) for e. IS RESIDENCE ON A FARM? retained he State E YES NO 3. NAME OF DATE Year DECEASED OF (Type or print) DEATH 19 60 with 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR lest birthdey) Months | Days IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Doys Hours WIDOWED DIVORCED N USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Steta or foreign country) 12, CITIZEN OF WHAT COUNTRY? Give Pages 1, 2 a during most of working life, even if retired) haun pages FATHER'S NAME 14. MOTHER'S MAIDEN NAME File S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordelesofservica) along with I 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO pluods Conditions, if any, which (b) gava rise to immadiate cause DUE TO (a), steting the underlying Examiner cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X WOF should 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Writing Chief / 3 MEDICAL 20d, INJURY OCCURRED | 20c. TIME OF INJURY Month, Day, Yeer 20e. PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While 0 Hour a.m. at work at work prior ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry 1 and in my opinion agent, death resulted from: Accident Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) 240 g Ft. Lincoln Crematory Md Cremati 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME S.H. Hines DATESEP 2 6 '60 Chilbur S. Frank 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10470 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY MONTGOMERY MARYLAND Maryland Montgomerv uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town P WHEATON Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 10707 Jamaica Drive YES NO 11904 CHARLES ROAD .5 NAME OF First Middle 4. DATE Month Day Yeor filled DECEASED OF DEATH (Type or print) JENNIE CHIPOURAS 9 19 60 6. COLOR OR RACE 5. SEX 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys FEMALE WHITE WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife even if retired) Greece Greece pour d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Zeavras Staseni (unknown) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no Angelo Chipouras-10707 Jamaica Drive none 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO W 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. IT 21. I certify that I oftended the deceased from 1960, that I lost sow the deceased olive on\_\_ and that death occurred at M A.M. from the couses and on the date stated obove ADDRESS (Street, city or town, stote). DATE SIGNED ACTUAL pe SIGNATURE Washington . D. C. shauld Abe Blajwas PHYSICIAN'S NAME (Type) m 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Glenwood Cemetery Washington. D. C. Eurial 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) The S. H. Hines Co. Washington, D. C. DATE SEP 2 0 '60 Orthur & Kines

15M 10/57

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4 • ¢	- 1500 E.M. S. T. T. E.M. E.M. E.M. E.M. E.M. E.M. E.	Sairbald adl magne

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hau

TO HOSPITA

after death. Page 4

VR A15 (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY  Montgome	TVI I		MARYLAN	. 11 0	SUAL RESIDENCE (WILL STATE		h COUNTY	n: Residence	before admis	ssian)
b. CITY OR TOWN	If outside corporate limits, v	write c. LENC	OTH OF STAY IN 1		. CITY OR TOWN (If			RAL ond giv	re nearest tow	vn)
RURAL ond give r	4	1	8 days	W	ashington		4	17	X -	7
d. NAME OF HOSPI	TAL (If nat in haspitol, give		5 44.35		d. STREET ADDRESS				e. IS RE	SIDENCE
	al Hospital				2245 48th	St., N	W			A FARM?
3. NAME OF	First		Middle		Last	4. DATE	Manti		Day	Year
DECEASED (Type or print)	Geo	rge	Edward		CLARK	OF DEATH	Septe		19	19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED X	HEVER MARRIED	8. DA	TE OF BIRTH	9	. AGE (In years last birthday)		YEAR IF UND	
Male	Caucasian w	-	DIVORCED [		6-94		66 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work don-		BUSINESS OR IN	VDUSTRY	11. BIRTHPLACE (State	or foreign cou	44	12. CITIZE	EN OF WHAT	COUNTRY
U.S. Nav	rking life, even if retired)	II	.S. Navy		Virgin	nia		U.	S.A.	
13. FATHER'S NAME	J		, , , , , ,		MOTHER'S MAIDEN					
William (	CLARK				Catherin	e FARRI	ELLL			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL S	SECURITY NO. 17	7. INFORA	AANT		Addre	255		
	(It yes, give war or dates of service WWI & WWII	None		Mrs.	Marjorie	S. CLAR	K, Same	as 2d		
	ATH [Enter anly one couse	per line far (a)	, (b). ond (c).]		a m		0.		ONSET AN	D DEATH
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INY	anc ho	ne i	X///KJ	ocak	dum		1110,00	
1420	DUE TO	M		- /	1 10	2 .				
Conditions, if	ony, which ) (b)	( OR	onak	240	OCACI	were				
gave rise to cause (o), stating	immediate (	1	/ - /	111	7. 4	1	. 1			
lying cause last.		HRT	ERWZE	del	20 hc a	eari	T Clase	ease	yea	RS
Z PART II. OT	HER SIGNIFICANT CONDIT	IONS CONTRIBL	JTING TO DEATH	8UT NOT	RELATED TO THE TERM	NINAL DISEASE	CONDITION GIVE	N IN PART I	19. WAS	AUTOPSY
PART II. OT	- Il MORE	aken	EM	All	issena	,				ORMED?
20a. ACCIDENT W	G CAUSE OF DEATH	DESCRIBE HO	W INJURY OCCU	JRRED. (En	ter nature of injury in	Port I or Port	II of item 18.)			78
	MEDICAL EXAMINER)		las			Last in				
20c. TIME OF INJU Hour o. m.		20d. INJURY O	CCURRED 20e.		OF INJURY (Home, form street, office bldg., etc		or town)	(Co	ounty)	(State)
p. m.		of work of						Light Company		
21. I certify the	at (I) (this haspital) c	ittended the	deceased fra	m9	-1- 19	60 to 9	-19-	19 60	Q that (1)	(we) last
	sed alive an 9-19					28ANom t				
22a. SIGNATURE	11/0	Brid.								22b. DATE
XOCA	11. 19. 1	11/10	Wille	M.D.	ATTENDING M	NED.	STAFF PHYS.	9-19-	-60	SIGNED
22c PHYSICIAN'S		A			22d. ADDRESS					
NAME (Type)	E. STITCHE	R. T.T. N	AC. USN		U.S. Nav	al Hosp	ital, Be	thesda	a, Md.	
23o. BURIAL CREMATIO			AME OF CEMETER	Y OR CRE			ON (City, town, o			ate)
REMOVAL (Specify Burial	9-22-60		clington				gton, Vi			
24. FUNERAL DIRECTO			DRESS	2100 01		D BY REGISTR		TRAR'S SIGN		
	wler's & Sons			NT 1			'60		8 House	
Angehit da	MTET 9 & DOUR	ו הלודיים	Cillia MAG	, 11 .	W. Madrall	U .			a. / Utakla	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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10397

)	1. PLACE OF DEATH a. COUNTY Montgomery			MARYI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY District of Columbia							
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	give nearest town)						
	Bethesda			15 days	V	Vashington			47	X	3		
_	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street ac	ddress)		d. STREET ADDRESS					RESIDENCE		
0	The Clinica	al Center,	Bethe	sda 14, Mo	1.	103 Missouri	Aven	ue, N.W.		YE	S NO 🔼		
	3. NAME OF DECEASED (Type or print)	Fir Rut		Middle Mary	7	Clayton	4. DATE OF DEATH	Septembe		Day 28	Yeor 19 60		
	S. SEX	6. COLOR OR RACE	7. MARRIE			DATE OF BIRTH		9. AGE (In years	IF UNDER 1		JNDER 24 HRS.		
	Female	White	WIDOWED		_	May 14, 1924		last birthday)	Months	Doys Ho	ours Min.		
1	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OF		Y 11. BIRTHPLACE (State of	or foreign o	1 2 4	12. CITIZ	EN OF WH	IAT COUNTRY?		
1	Restaurant	Mgr.	R	estaurant		West Virg	ginia		1	U.S.A	•		
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME						
	Willie D.					Ora Brady							
	15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY NO.		RMANT The Med:							
	NO		540	1-22-5476	The	Clinical Ce	nter,	Bethesda	رال	Maryl	and		
		TH [Enter only one co	use per line	for (o), (b), ond (c).]						ONSET	AL BETWEEN		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Wid	ely dissem	inate	ed carcinoma	of th	ne breast		mont	ths		
	170	DUE TO											
	Canditions, if or		)					1000					
	gove rise to in cause (o), stating t												
	lying couse lost.	) (0	)										
i	DE L	er significant con	DITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED?		
	E 20g. ACCIDENT WA		20b. DESCR	RIBE HOW INJURY OF	CURRED.	Enter noture of injury in P	ort I or Po	rt II of item 1B.)					
		MEDICAL EXAMINER)				MINOS - NO.		ger					
j	Y 20c. TIME OF INJURY Havr a. m. p. m.	Y Manth, Doy, Ye	While	Nat while at work		E OF INJURY (Home, form, y, street, office bldg., etc.		y of tawn)	(C	aunty)	(Stote)		
	21. I certify tha	t (I) (this haspital	) attende	d the deceased	fram Se	eptember13 19	60 to	September	289.6	Q, that	(I) (we) last		
	saw the deceas	ed alive an Se	ot. 2	8 19 6U, and	that dec	th accurred at 9:4	A, Hom	The causes an	d an the	date sto			
1	220, SIGNATURE	Stolk	ach	-	M.1	ATTENDING ME	D. RECTOR	STAFF PHYS. [X]		9/2	22b. DATE SIGNED		
	22c. PHYSICIAN'S NAME (Type)	Too Chalba	-b W	n	1.0	22d. ADDRESS The	Clin	ical Cent	er, I	Natio			
		Leo Stolba	ch, M	• D•		Institutes	of_	Health, B	ethese	da 11	. Md		
	23a BURIAL, CREMATIO REMOVAL (Specify)	OCH /	960	23c. NAME OF CEME	TERY OR C			CENSE			(Stote)		
	24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	10	2So. REC'I	BY REGIS	TRAR 25b. REGI	STRAR'S SIG	NATURE			

VR A15 (4) 1SM 9/59

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Reg.	Dist.	No.	

1. PLACE OF o. COUNT		MERY		MARYLAND	2. USUAL o. STAT			l lived. If instituti b. COUNTY		OME	e odmissi RY	ion)
b. CITY OF		tside corporote lim	its, write	c. LENGTH OF STAY IN 16	c. CITY			rote limits, write R	RURAL ond	give nea	rest town	)
d. NAME OR INS	TITUTION	If not in hospital,			d, STRE	GERMAN ET ADDRESS	NTOWN					IDENCE FARM?
		RY GENER										
3. NAME OF DECEASED (Type or p			RLES	Middle WESLEY		COE	4. DATE OF DEATH	Mor S E	EPT.	14		Year 19 60
5. SEX	6.	COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF 6/17	,		9. AGE (In years lost birthdoy) 77 yrs.	Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
10o. USUAL C	OCCUPATION	Give kind of work	done 10b.	KIND OF BUSINESS OR INDU		1	e or foreign co	ountry)	12.CIT	IZEN OF	WHATC	OUNTRY?
	rpente	life, even if retired	d) C	onstruction		NEW Y	ORK		U.	. S.	Α.	
13. FATHER'S				01100110011	14. MOTH	ER'S MAIDEN						
		Com				ANNIE	HAYES					
15. WAS DEC		MUEL COE		SOCIAL SECURITY NO.	NFORMANT	VIAILE	IMILO	Add	lress .			
(Yes, no, or unkr		s, give war or dates of	service)	nknown	Hosp	TAL RE	CORDS,	OLNE	Y, Mo.			
gove couse (couse (couse))	Cong	ediate DUE TO	NDITIONS O	CONTRIBUTING TO DEATH BUT	·~ /	Anten	· Sele	po A	VEN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED? NO
3 20c. TIME	R, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Yo	eor 20d, I While	6.		JRY (Home, for office bldg., e		or town)		(County)		(Stote)
21. I c alive d	URE	l attended the	e deceas	ed fram. August		Bos	ADM, from ADDRESS (SI	the causes at treet, city or town	nd on th , stote)		stated	
PHYSICIA NAME (1	Гуре)		ADORS									
NAME (1	CREMATION.	22b. DATE THERE	OF	22c. NAME OF CEMETERY		RY	22d. LOCA	TION (City, town,	or county)	77	(Sto	te)
220. BURIAL,	Гуре)	22b. DATE THERE 9-16-6	OF			Conf.	22d. LOCA	TION (City, town, dericks	or county)	V	irg	inia

TO HOSPITA ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SB

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funeral director,

completely filled

ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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9/			148		

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 10399

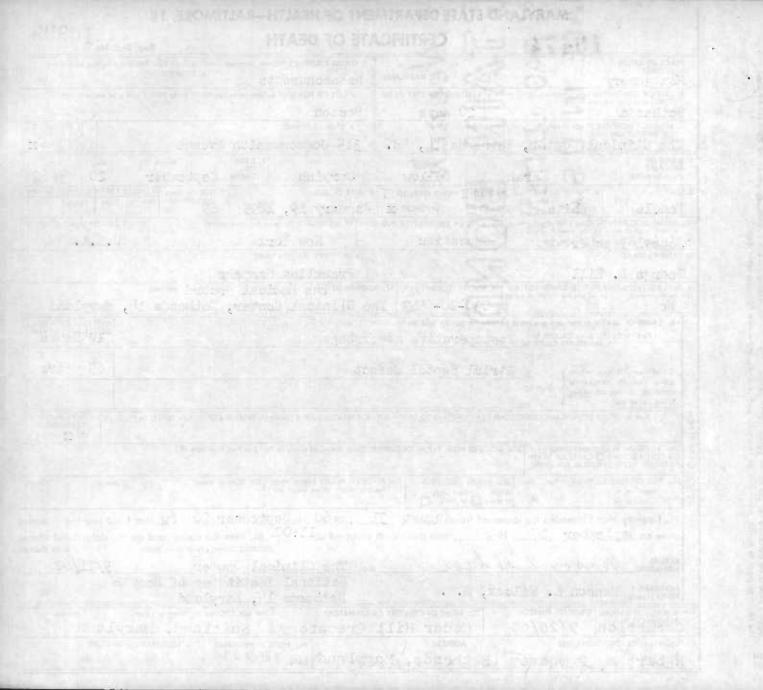
1	o. COUNTY Montgomery	7		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) o. STATE b. COUNTY MASSACHUSETTS c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	b. CITY OR TOWN ( RURAL and give no	If outside corporate fir	nits, write	c. LENGTH OF STAT	IN 1b							
	Bethesda			20 days		Boston			5	8X-3		
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			address)		d. STREET ADDRESS					. IS RESI	
		cal Center			Md.	315 Commonw	wealth	Avenue				FARM?
3	NAME OF DECEASED	F	irst	Middle	e	Last	4. DATE	Man	ith	Doy	, )	Year
	(Type or print)	(Type or print) Sarah		Della	W	Cornish DEATH Septemb			ber 2		20 1960	
5	. SEX	6. COLOR OR RACE 7. MARI		RIED NEVER MARRIED B		B. DATE OF BIRTH	F BIRTH		IF UNDER			
	Female	White	WIDOW			January 19,		last birthday) 5 yrs.	Months	Days	Hours	Min.
1	Oa. USUAL OCCUPATION	ON (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS	OR INDU	TRY 11. BIRTHPLACE (State	e or foreign co	ountry)	12. CITI.	ZEN OF	WHAT	COUNTRY
	School Tea		1	Education		New Yo	ork		I	J.S.	A.	
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	George L.	Hill				Franklina	Hannah	ns				
1	S. WAS DECEASED EVE			SOCIAL SECURITY NO	D. 17. II	NFORMANT The Med	fical F	lecord Add	ress			
	No	(ir yes, give war or dates or		030-20-654		ne Clinical C				Mar	vlan	ıd
				ne for (o). (b). and (c)	.]					LINTE	RVAL BET	TWEEN
	Conditions, If any, which gove rise to immediate (b) Atrial Septal Defect									65 years		
	cause (o), stating the <u>under-</u> lying cause last.  (c)											
2	PART II. OTH	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS A	UTOPSY RMED?
- 3												NO 🗌
MOITA DISTRACT		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O	OCCURRE	). (Enter nature of injury in	Port I or Part	I II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Y	ear 20d. II While at wor	NJURY OCCURRED  Not while  at work	20e. PL/ fac	CE OF INJURY (Hame, for tory, street, office bldg., et	m, 20f. (City c.)	or town)	(Co	ounty)		(State)
	actual SIGNATURE BENAME (Type) BE	ember 20 enson R. W	12 // ilcox	liex	death	occurred of 11:00  National Bethesda	P M, from ADDRESS (SI ical Ce Instit	the causes of reet, city or town, enter of	ind an th	e date	e state	d above
2	Removal (Specify) Crematio	n 9/26/	of 60,	Cedar H				itland,		lar	(State	)
23	. FUNERAL DIRECTOR	S SIGNATURE	L	ADDRESS ,	1	-	'D BY REGIST		TRAR'S SIGI			
	ROBERTIA	Panoka	évil	Bethesda.	Ma	ryland DATE			orthun S.	tra	us	

TO HOSPITAL

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely hilled in a VS A15 (4) 15M 10/57

page 3 shauld be detached far use as the burial-transit the registrar prior to burial, cremation, or remaval, and



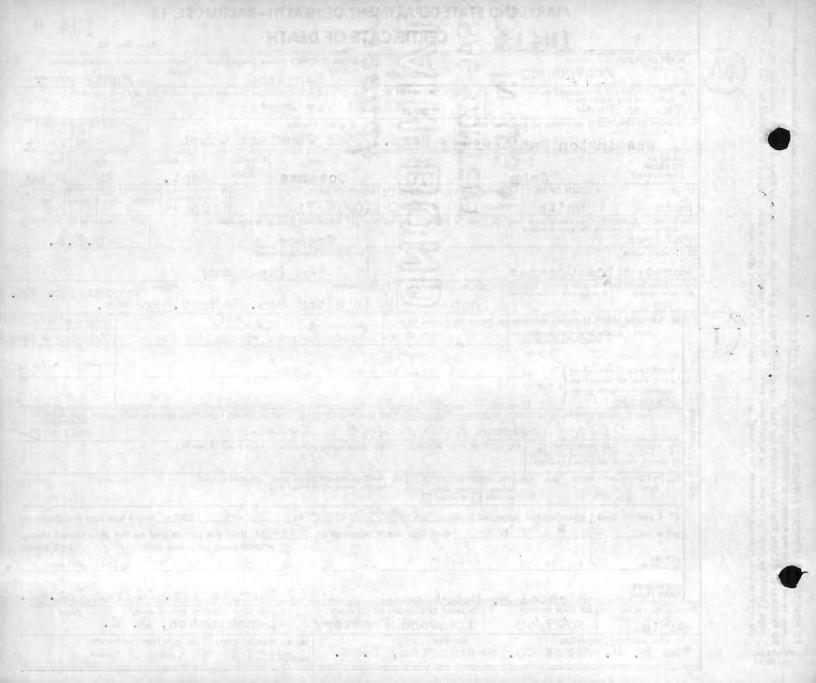
10400

		Reg. Dist. No.							
)	1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)	b. COUNTY	ution: Residence before admission) TY  Montgomery			
	b. CITY OR TOWN (IF RURAL ond give ne Takoma P		c. LENGTH OF STAY IN 16	II	outside corporate limits, write R	(URAL ond give nearest town)			
20	d. NAME OF HOSPITA	AL (If not in hospitol, give stree	t oddress)	d. STREET ADDRESS	ings Court	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print)	Fint John	Middle	Cozanas	4. DATE Mon				
	s. sex male	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED TO	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 88 yrs.	HOUTER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.			
	100. USUAL OCCUPATION during most of work Retired	N (Give kind of work done 10b ing life, even if retired)	o. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY			
	Constanti	ne Cozanas	unknown)						
		R IN U. S. ARMED FORCES? 16		INFORMANT ashington Sa	an. & Hosp.R	Takoma Pk. Mo			
	Conditions, if or gove rise to in couse (o), stoling it lying couse lost.  PART II. OTH OR CONTRIBUTING	er significant conditions	CONTRIBUTING TO DEATH BU  CULLA CECCA  SCRIBE HOW INJURY OCCURRI	End; Pour	vmonid	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	20c. TIME OF INJURY Hour o. m. p. m.	While		LACE OF INJURY (Home, form potory, street, office bldg., etc		(County) (State)			
	21. I certify the alive an	Michael M.		мв. 10620 (		we Like free, 7/3 Silver Spg.Md.			
	REMOYAL (Specify) Burial 23. FUNERAL DIRECTOR'S	9/27/60		emetery	Washington,				
	The S. H.		Washington,	D. C. DATESE		ulus S. Frank			

Then please remave corbon papers. Pages 1 and 2 shauld be filed with event within 72 haurs ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours certificate has been signed by the attending physicion and campletely filled in use as the buriol-transit permit. page 3 should be detoched for use as the burial-transit permit. the registrar priar to burial, cremation, or removal, and in any or offending physician. moy be reld by the haspital or TO HOSPITA

ofter death. Page 4

VS A15 (4) 15M 10/57



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) director. Page e. COUNTY b. COUNTY Montgomerv Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 hrs Poolsville Kensington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS retained he State E track 3. NAME OF Middle 4. DATE Last Month DECEASED (Type or print) Sept 8 Charles Craven DEATH thin 24 hours and Signe Pages 1, 2, and PM3. Page 5 may be ages 1 and 2 with 272 hours af 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers (IF UNDER 1 YEAR last birthdey) Months WIDOWED [ DIVORCED male col 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. laborer 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lilly I. Driver Mathew Craven event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If vasq | vewer or detecof service) "in pencil in Item 18 office along with fa burial-transit permit. 18. CAUSE OF DEATH lEnter only one cause per line for (a), (b), end (c).] \_= PART I. DEATH WAS CAUSED BY Cerebral hemorrhage & laceration IMMEDIATE CAUSE (e) DUE TO removal, crushed skull (skull practically decapated) Conditions, if one, which (b) d "pending" i Examiner's C geve rise to immediate cause DUE TO (e), steting the underlying besn ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION 2 cremat plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. Reported walking along R R togo to mens room when struck by train bur MEDICAL the C. 20d. INJURY OCCURRED # 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or lown) Not While fectory, street, office bldg., etc.) While /9/60 9:00 at work et work BRORR Kensington Montg. prior certificate, OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry MEDICAL Accident death resulted from: Natural causes Suicide Homicide Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER the ACTUAL lease execute t should be for FUNERAL I SIGNATURE T designal DEPUTY MEDICAL EXAMINER 9/8/60 EXAMINER'S DEPU NAME (Type) Frank J Broschart Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 9 040 Seneca Burial Seneca, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAFOREMAN 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Rockville. Md. 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

Montg.

Deys

USA

(County)

a. IS RESIDENCE ON A FARM?

YES NO

60 19

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(Stata)

Md.

and in my opinion

DATE SIGNED

(State)

sudden

in the lines Lilly I. Britance Memberson Lones 00/11/00 Intro LES COLORS CONTROL BILL

ATTENDING PHYSICIAN: The law requires that the death certificate be

er death. Page 4

	1039	6	CERTIF	ICA	TE OF DEATH					104	402	
o. COUNTY MON	TGOMERY		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAN	ere decease	b. COUNTY			e admissi MERY	on)	
b. CITY OR TOWN (III	, write	c. LENGTH OF STAY	. 1	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)								
SILVER S			1 week		X FAIRLAND					10.055	105,105	
OR INSTITUTION	AL (If not in hospitol, gives 943 CLARII		OAD d. STREET ADDRESS						e. IS RESIDENCE ON A FARM? YES NO			
NAME OF First DECEASED (Type or print) ELLEN		Middle JENNIE		Lost CUMMINGS	4. DATE OF DEATH	nth Do			Year 1960			
. SEX		7. MARR	IED NEVER MARRIE	A			SEPT.	IF UNDER				
FEMALE		WIDOW			SEPT. 27, 1898		lost birthday) 61 yrs.	Months	Days	Hours	Min.	
during most of work	ing life, even if retired)				STRY 11. BIRTHPLACE (State	ar fareign a	country)				OUNTRY?	
CLERK GAO	(retired)	J U .	S. Govern	ment	7			U	.S.A	•		
B. FATHER'S NAME  ORIN J. CUM	IMTNGS				ADELADE CA							
S. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO	. 17, IN	IFORMANT	1013	Add	ress	-			
Yes, no, or unknown) NO	If yes, give war ar dates of ser	vice)	NONE	Mrs.	Allen R. Col	lier,	11,943	Clari	dge	Road		
PART I. DEA	TH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (a).  DUE TO	se per lij	og for (a), (b), and (c).	tu	Hackiers Non Air		Silver	prin	ONS	ET AND	DEATH PUR.	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Contribution of the contributi												
20a. ACCIDENT WA	S LINDERLYING []	20h DES	CRIRE HOW INJURY O	CCLIRRE	D. (Enter nature of injury in t	Port Lar Pa	rt II of item 18.)			YES [_]	NO 🗌	
OR CONTRIBUTING	CAUSE OF DEATH		CRIDE HOW HOOK! O	CCOKKE	o. (emer notate or injury in							
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d, II While of wor	NJURY OCCURRED  Not while  at wark	20e. PL/ fac	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	, 20f. (Cit	y ar tawn)	(	County)		(State	
	t (1) (this hospital) ed alive on Deg	110		11	leath occurred at 3 A		the couses on			stoted		
22c. PHYSICIAN'S NAME (Type)	SUCA WILLIAM	a	LOP M	P	22d. ADDRESS	RECTOR _		Web :		6/60	SIGNED	
3a. BURIAL, CREMATIO			23c. NAME OF CEM	ETERY O			TION (City, town,		ST K.L.	(Stot		
REMOVAL (Specify) BURIAL	9/27/60		ROCK CREE				HINGTON,			(3101	0)	
. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. REC'	D BY REGIS	TRAR 25b. REGI	STRAR'S SI	GNATUR	RE		

SILVER SPRING, MD.

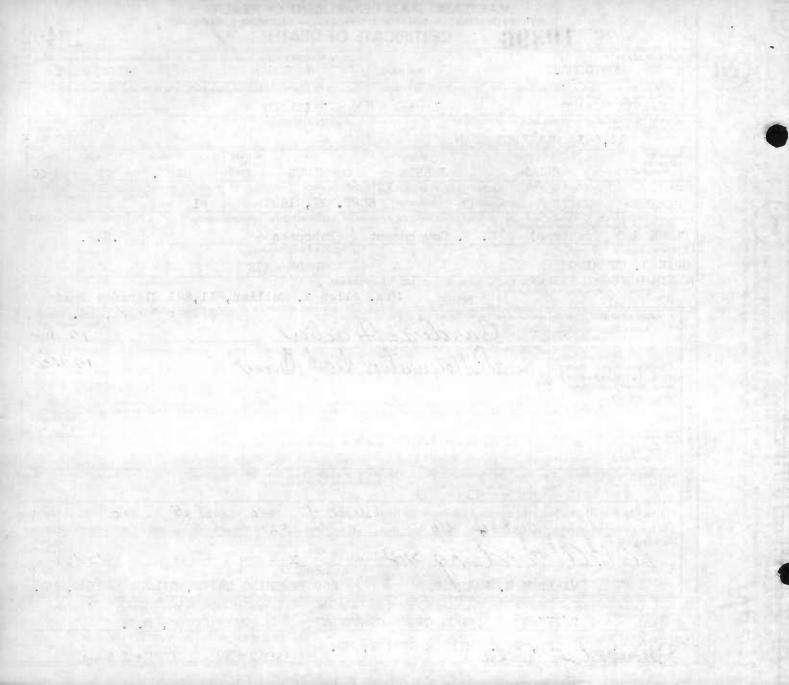
25a. REC'D BY REGISTRAR

Onthun S. Kraus

DATE SEP 2 9 '60

VR A1S (4) 1SM 9/59

TO HOSPITA



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA HFAITH\_DFPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNT MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown e. IS RESIDENCE MONOGAHELA ON A FARM? YES NO NAME OF DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS lest birthday) Months Days WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME AIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiete cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 4 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) (State) fectory, street, offica bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner forward L DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S UNE NAME (Type) Address (Streat, city, town, or county) DEP should NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) BURTAL 9/14/60 GATE OF HEAVEN CEMETERY 0 4 O MONTGOMERY COUNTY. MARYLAND 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DINC VS. A15ME PUMPHREY WARNER E. SILVER SPRING, MD. atting & Kraus saria

YLAND STATE DEPARTMENT OF HEALTH

The Miles of the Manual Control of the Manual Control of the Contr IN THE RESERVE OF THE PROPERTY AND THE REPORT OF THE PROPERTY Large research and a service of the contract o

10230	CERTIFICA	TIE OF DEATI	The state of the s	Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY Montg.	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary			
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) <b>Olney</b>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of	outside corporate limits, w	rite RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street		d. STREET ADDRESS	ummit Ave		e. IS RESIDENCE ON A FARM? YES NO4
3. NAME OF DECEASED (Type or print)  Jam 8 S	Ernest	Da y	4. DATE OF DEATH	Month Sept 2	Pay Year
5. SEX Male 6. COLOR OR RACE White Widow		B. DATE OF BIRTH Mar 4-189	9. AGE (In y last birthe		YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if setired)  Carpender & Painter,	KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEI	N OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
	Day	Jeana	Reed		
15. WAS DECEASED EVER IN U. S. ARMED 1965 16.  (Yes, no. or unknown)  (If yes, give, wor or date of service)  W-1-1919	SOCIAL SECURITY NO.	James E	. Day.Jr:	Address Gaither	sburg. M
1B. CAUSE OF DEATH [Enter only one cause per li	ne for (o), (b), and (c).]  Iremid				INTERVAL BETWEEN ONSET AND DEATH
DUE TO  Conditions, if ony, which ) (b)		ver Car	dio- Va.	scular	Years
gove rise to immediate couse (a), stating the under-	Renal 1	Disease			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION	N GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Part I or Port II of item 18	3.)	
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. p. m. 19 While of wor	Not while fac	CE OF INJURY (Hame, farm tary, street, affice bldg., etc	20f. (City or town)	(Cou	unty) (State
21. I certify that I attended the decease					
alive an Sept. 29, 19	6 U_, and that death	accurred at 10%	M, fram the cause ADDRESS (Street, city or I	s and an the a	date stated above
ACTUAL SIGNATURE SANK SCH	muche	- 105	RUSSE	11 Ace	, 9-25
//\	humaci	he L MD	Gaith	r-sbu	19,60
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, to	own, or county)	(State)
10-2-60	Ferest Oak		Gaithersb	urg.	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE  Ernest C. Gartner G.	ADDRESS			REGISTRAR'S SIGN	ATURE
Ernest C. Gartner G	aithersburg.	Md. DATECT	3 '60 (	Irithun S. Ku	ALLA

TO HOSPITA ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 having ter death may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registror priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A1S (4) 15M 9/5B

ter death. Page 4

the funeral director, should be fited with

10111 Andrew Committee 9 tra dimmiddinon; The Land of the Same of the Same A S Dis. will wrongeneral at the Derhande & feliclet, Herland ... Western Tall of the Control of the C Blanch Br Benefit and any of the second late. Tenter in residue Caltacramare te college in french

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY Montgomery MARYLAND Maryland Montgomerv funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) pe RURAL and give negrest tawn) Rockville Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Suburban Hospital Adams St. YES NOW N.W. pup .5 NAME OF First Middle Last 4. DATE Month DECEASED OF DEATH death (Type or print) Nell Graham 19 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Doys ofter Hours emale White DIVORCED camplet WIDOWED [7] USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? uring mast of warking life, even if retired) pup kes plastic dishes Nemir Industries Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Tate Littrell physici Elva Prater 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Husband attending Yes-Unknown Gaithersburg 18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO P Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit [x] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian NOL H YES 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) cate NOT (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while ORONFR at wark ot wark p. m 21. I certify that (I) (this haspital) attended the deceased from. sow the deceased olive on \_\_\_\_\_\_19\_\_\_, and that death occurred at \_\_\_\_\_M, from the causes and on the date stated above. DIRECTOR: 22a. SIGNATURE 22b, DATE ATTENDING A SIGNED MED. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S should 22d. ADDRESS FUNERAL 23a. 8URIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) page the St REMOVAL (Specify) Parklawn Cemeterv Rockville. Maryland 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATUR Bethesda, Maryland arthur & Kraus DATESEP 2 9 '60 15M 9/59

ARYLAND STATE DEPARTMENT

PRACTICAL CERTIFICATE OF DEATH the way to the terror to a supplied the state of the stat

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidence before admission a. COUNTY is ne. I director. Pas or your files. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if out de corporata limits write BURAL and give naarast town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give hearest town) 10 d. NAME OF HOPITAL OR INSTITUTION (if not in hospital, give greet address) for d. STREET ADDRESS 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH AGE (In aars | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birt day) Months | Days E WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratifed) pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME WAS DECEASED EVER WAU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyet liva war or datasol sarvice 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). " in pencil in It Office along burial-fransit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO pluods Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 2Da. EXTERNAL CAUSE WAS Breemonice TO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work Inspection 🗙 P 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry & O Derose execute the certific should be forwarded to extra the certific extra the certific state of the certific death resulted from: Suicide Natural causes / Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE PARLE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) D40 24a. REC'D BY REGISTRAR 1/24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME '60 arthur S. Thouse 5M 7/59

a. IS RESIDENCE ON A FARM? YES NO W

19 60

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO K

(Stata)

and in my opinion

DATE SIGNED

(State)

zulle.

(County)

12. CITIZEN OF WHAT COUNTRY?

Day

The second secon

# MARYLAND STATE DEPARTMENT OF HEALTH 1 PRIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10407

	CERTIFICATE					
1. PLACE OF DEATH  o. COUNTY MON'TGOMERY	MARYLAND 2.		CE (Where deceased live ZNNSYLVANIA		esidence befare adn	nission)
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  STLVER SPRING	2 months		/N (If autside corporate	limits, write RURAL	and give nearest to	wn)
d. NAME OF HOSPITAL (If nat in haspital, give street address OR INSTITUTION		d. STREET ADDI		-	e. IS I	RESIDENCE I A FARM?
8716 BRADFORD ROA	D (	5121 WAS	HINGTON AVE	NUE	YES YES	□ NO 🖾
3. NAME OF First DECEASED (Type or print) EDMUND CARHA	Middle RT DILLON	Last	4. DATE OF DEATH	Month SEPT.	Doy 30	Year 1960
S. SEX  6. COLOR OR RACE  7. MARRIED  WHITE  WIDOWED	THE TEXT TO THE TE	ATE OF BIRTH	lo		INDER I YEAR IF UN	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Meter shopman (retired) Bure		The transfer	(State or foreign country	γ) 1	2. CITIZEN OF WHA	T COUNTRY?
13. FATHER'S NAME		4. MOTHER'S MA	IDEN NAME			
JAMES DILLON		ELLE	N CARHART			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service) NON	SECURITY NO. 17, INFO		ell, 8716 B	Address radford F	Rd. #6	
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OFFICK SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO		ETERMINAL DISEASE CO		N PART 1(a) 19. W/	AS AUTOPSY IFORMED?
	HOW INJURY OCCURRED. (	Enter nature of in	jury in Part I ar Part II a	if item 18.)	1113	_ RO Z
20c. TIME OF INJURY   Manth,   Day, Year   20d. INJURY   While   No. 19   While   Ot work   Ot	Nat while factor	OF INJURY (Han y, street, office blo		own)	(Caunty)	(State)
307 110 0000000	1.	th accurred o	196 ta 9	causes and a		) (we) last ed above.
22a. SIGNATURE ASSENCE	M.C		MED. DIRECTOR D	TAFF HYS. [	10/1	SIGNED
22c. PHYSICIAN'S NAME (Type) LEE B. SNOW		7950 No	ewHampshire	Ave., La	angley Par	ck, Md.
REMOVAL (Specify)	NAME OF CEMETERY OF CEME			HILL, PE	ENNSYLVAN	itate)
	ADDRESS LVER SPRING,		o. REC'D BY REGISTRAR ATE QCT 4 '60		R'S SIGNATURE	

VR A1S (4) 1SM 9/59

and the second s THE RESERVE OF STREET, Concessor Homes Fairer Incom Secundary Answir A30 60 Horer 60 3/3 60 Telelec The stone of the state of the s 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 outside corporete timits, write RURAL end give nearest town) OR INSTITUTION (if not in hospital, give steet address) e. IS RESIDENCE ON A FARM? YES NO Middle (Type or print) 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In foors ) IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) 10, WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dige during host of working life, eyen if retired) Own home 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, feen, 20d. INJURY OCCURIND 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While While Hour a.m. et work et work forwarded to make I DIRECTOR. 21. I certify that I took charge of the remains described ebove, held an Autopsy , Inspection , Inquiry X and in my opinion death resulted from: Natural ceuses Accident Suicide 4 Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER pluods NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 940 Burial Rockville Marylan
240, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Bethesda, Maryland SEP 1 4 '60 Robert A. Pumphrey 5M 7/59 anthun & Kraus

LAND STATE DEPARTMENT OF HEALTH

pull and the second of the sec Rock Color Consense I Welking Co the second of th ALACT TO SELECT OF STORY APPEAL OF THE SELECT STORY A Legan Com Books Dr. F. Kone Mary Lote ( Al y an) ble -A THE STATE OF THE PARTY OF THE FIRST TIBUSHER STREET brained afficient gradied efficient Coldina defini Robert A. Pumphrey Bethesda, Harriand Cera of C. . . . .

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) MRINGS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 2 NAME OF 4. DATE Middle Month Day DECEASED DEATH (Type or print) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) Months Days WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Tiffanys Jewelry (retired) 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 056-10-1788 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MAGastine IMMEDIATE CAUSE (0) DHE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stoting the under-CINOMA OF STOMACH lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Nutritional Circhosis of liver 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Haur o. m. Not while While p. m. ot work at work . 1960, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram... \_1960, and that death accurred at M, from the causes and an the date stated above. saw the deceased alive an \_ Penil 22a. SIGNATURE M.D. PHYS. MED. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3 st 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City, town, or county) page the Sta 9/6/60 FT. LINCOLN CREMATORY PRINCE GEO. COUNTY. MD. 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR SILVER SPRING, MD. arthur & Krous

1SM 9/59

ON A FARM? YES NO.

19

PERFORMED?

YES NO

22b. DATE SIGNED

(Stote)

Charles Charles (2 and the Control of

MARYLAND STATE DEPARTMENT OF HEALTH

1048 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

8	2.00	CERTITICA	IL OI DEATH	
1	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased I	ived. If institution: Residence before admission) b. COUNTY
-	Montgomery			It is to properly the second and the
1	<ul> <li>CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)</li> </ul>	rite c. LENGTH OF STAY IN 16		e limits, write RURAL and give nearest town)
	Bethesda (Rural)	11 days	Green Cove Springs	48X-3
1	d. NAME OF HOSPITAL (If not in hospital, give : OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	U. S. Naval Hospital		734 N. Pine Ave.	YES NO
	3. NAME OF First DECEASED (Type or print) Nazari	Middle ne	DOWDEN 4. DATE OF DEATH	Month Day Year September 28 19 60
1	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
		DOWED DIVORCED	2-20-11	last birthday) Manths Days Hours Min.
1	10o. USUAL OCCUPATION (Give kind of work dane			
1	during most of working life, even if retired)			
-	Beautician  13. FATHER'S NAME	Self employed	Georgia	U.S.A.
1			14. MOTHER'S MAIDEN NAME	
1	Horace CHAMBERS		Alberta HECKNEY	
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes. no, or unknown)   (If yes, give war or dates of service		IFORMANT	Address
1	No	264-16-3108 (H)	Edw. J. Dowden, sar	ne as #2 above
	1B. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]	0	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Kesserator	west	ONSET AND DEATH
1	IMMEDIATE CAUSE (o)			
1	Conditions, if ony, which )	Jacin Ma	tastas of	142.
1	gove rise to immediate	STAIN ME	26.	111
1	couse (o), stoting the under-	Sa Pall Care	essen Paris	althor: 10 us
1	lying cause lost. (c)	37 au wa	enome who	4 Cuenc
	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?
	5 Janamor	- Cell Carce	non nulustati	YES X NO
-	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I or Port II	af item 1B.)
1	3 20c. TIME OF INJURY Month, Day, Year		ACE OF INJURY (Home, form, 20f. (City o	r town) (County) (State
1		While Not while too	tary, street, office bldg., etc.)	
1			G 17 60 G	-+ 09 60
1	21. I certify that (I) (3045)063(03000000000000000000000000000000000	ttended the deceased fram	Sept. 17 10:50 AM to Se	
	saw the deceased alive an Sept	. 20 1900 , and that d	leath accurred atM, fram th	e causes and an the date stated above
1	220. SIGNATUR		ATTENDING MED	22b. DATE
1	Co Made	11	M.D. PHYS. MED. DIRECTOR	STAFF PHYS. □ 9-28-60
1	22c. PHYSICIAN'S NAME (Type)	0	22d. ADDRESS	
-	R. F. MADING	, YT, MC, USN	U. S. Naval Hosp:	Ital, Bethesda, Md.
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATIO	ON (City, town, or county) (State)
	Burial-Shipment 9-29-60			Cove Springs Florida
- 15	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRA	
	1171611	Home, Rockville,		
	Moner o Dunamen Lunglar	Home, LockATTTE,	Ma. DATE SEP 3 0 '60	arthur S. Hrank

letely filled in Lers. Pages 1 after death. dod requires that the death certificate may be rehained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit the State Board of Health priar ta burial, crematian, ar r ATTENDING PHYSICIAN: The law

in by the funeral director, and 2 should be filed with

TO HOSPIT VR A1S (4) 1SM 9/S9

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Il desa   Oroca Cove I	(Jeres) mass:
9011 1 (2)	6. Sayel Red fig.

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NAC TO SELECT THE PARTY OF THE

00. 36 .00 H. Y. MERING, In., NO. 1881 . . . M. C. Movel Book teal, Bellooke, Md.

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CERTIFIC.	ATE OF	DEATH
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10411

L			S GERTINION		•	TOIL
1	PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lived. If institutions b. COUNTY	: Residence befare admission)
		ONTGOMERY	MARYLAND	MARYLAN	D b. coom	MONTGOMERY
	b. CITY OR TOWN (If RURAL and give ne	f outside carporate limits, wi	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits, write RUR	RAL and give nearest town)
		LIVER SPRING	19 yrs.	2/ SILVER	SPRING	
	d. NAME OF HOSPIT	AL (If not in hospital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
L	10	,604 LORAIN	AVENUE	10,604	LORAIN AVENUE	YES NO
3	NAME OF DECEASED	First	Middle	Last	4. DATE Manth	Day Year
	(Type ar print)	NELLIE	GERTRUDE	DUNBAR	DEATH SEPT	. 25 19 60
S	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	7	FUNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	WHITE	OWED DIVORCED	AUG. 4, 188		Manths Days Haurs Min.
10		ON (Give kind af wark dane king life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stat	e ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
	HOMEMAKER	ung me, even it remed)	OWN HOME	CALIFOR	INIA	U.S.A.
_	B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Г	CORNELIUS	WHELAN		ALICE BI	LANCHFIELD	
13	. WAS DECEASED EVER	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.1	NFORMANT	Addres	\$
1	res. no. or unknown)	(If yes, give war or dates of service)	NONE Mr	. Richard C.	Dunbar, 10,604 I	Lorain Ave.
F	18. CAUSE OF DEA	ATH [Enter anly one cause p	per line for (a), (b), and (c).]	× /	Silver Spring,	Ma INTERVAL BETWEEN
		TH WAS CAUSED BY:	Cerebral	Hernor	rhage	ONSET AND DEATH
	111123	IMMEDIATE CAUSE (a)  DUE TO				202
	Canditians, if ar		Man and	Dareles	us released	7
	gave rise to in	m mediate	1	-		
1	lying cause last.	the under-	Lyneil	wice He	on the sea	٦ 7.
ELCATION	PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1212	20a. ACCIDENT WA	S UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury i	n Part I ar Part II af item 18.)	
CEBTI	OR CONTRIBUTING	MEDICAL EXAMINER)				
1	20c. TIME OF INJUR	Y Manth, Day, Year 2		LACE OF INJURY (Hame, fa		(Caunty) (State
ASSIGNATION	Haur a.m.		Vhile Nat while for	actory, street, affice bldg., e	tc.)	
1				4/2/.	250 to 9/25/60	10 that (I) () ()
		0:15	tended the deceosed from.			19, that (I) (we) los
П	sow the deceas	sed alive on	ond thot	death occurred of	M, from the causes ond	on the dote stated obove
	AME	unon O	som thead	M.D. PHYS.	MED. STAFF PHYS.	9./2 5/SIGNET
	22. PHYSICIAN'S			22d. ADDRESS		11.
	NAME (Type)	J. MARION BA	ANKHEAD	9421 Colu	mbia Blvd., Silv	ver Spring, Md.
2	3a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify)	9/29/60	ST. JOHN'S C	EMETERY	FOREST GLEN. N	MONT, COUNTY, MD
2	FUNERAL DIRECTOR	S. SIGNATURE TOTAL	ADDRESS	250 PF	C'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
10	Ballul ich	John Jan Bar	. SILVER SPRIN	G, MD.	SEP 3 0 '60 C	ring S. Kraus

DATE

ATTENDING PHYSICIAN: The low requires that the death certificate be exer may be returned by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remove can the State Board of Health prior to burial, cremation, or removal, and in any event, within TO HOSPITA

ely filled in withe funeral director, Pages 1 and 2 shauld be filed with

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death. Page 4

VR A1S (4) 1SM 9/59

mily per market, denoted, to be exercised. . Like the most relative to the 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY files. Health, a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give newest town) write RURAL and give hearest town) . IS RESIDENCE ON (if not in hispitel, give street address) ON A FARM? YES NO Middle DECEASED OF DEX: (Type or print) AGE (In yeers 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Days Hours WIDOWED -DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME Mary DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, (q. or unkown) | (Ifyesgive war or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of Itam 18.) PRIMARY Or CONTRIBUTING 20c. TIME OF INJURY 2Dd. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Month, Day, Year (State) Not Wile Hour a.m. at work Inquiry X and in my opinion 0 forwarded i Undetermined manner death resulted from: Natural causes Accident Suicide X Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should b NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) **940** FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 1 5 '60 arily & trace 5M 7/59

A CONTRACTOR OF THE PARTY OF TH

ifter death. Poge 4 My filled in 27 the funeral director, Pages 1 and 2 should be filed with completely filled in may be revolved by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fille page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. ATTENDING PHYSICIAN: The low requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Or	DEA	111	
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			_

10112

	LACE OF DEATH	TGOMERY		MARYLANI	O STATE	DENCE (Where de	eceased lived. If i b. CC	nstitution DUNTYM(	Residence befo	re admissi	ian)
	CITY OR TOWN (IF RURAL and give need	outside corporate limi crest tawn)	ts, write	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If outside	corporate limits,	write RUF	RAL and give ned	arest town	)
1_		ER SPRING		3 yrs.	38	SILVER SI	PRING				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	jive street	address)	d. STREET	ADDRESS				e. IS RESI	FARM?
		0,102 Ga.	Ave.	Apt. #102	10,1	02 Ga. A	ve., Apt	. #1	02		NO 🖫
	NAME OF DECEASED (Type or print)	Edwa	erd	Benedici	TDyer	0	DATE DE DEATH	Month	t 2		Year 1960
S. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In	/	FUNDER 1 YEAR	IF UNDE	R 24 HRS
	MALE	WHITE	WIDOW	ED DIVORCED	OCT. 19	, 1891	last birtl	yrs.	Months Days	Hours	Min.
10a	during most of worki	N (Give kind of warking life, even if retired N (RETIRED	)	KIND OF BUSINESS OR IN	TODY	LACE (State or fore			12. CITIZEN OF		OUNTRY
13.	FATHER'S NAME	TI (WELLBER	7. 1	WALEST KATERO	A harry	MAIDEN NAME					
	EDWARD P.	DYER			ELL	EN McCAR	THY				
		IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT			Addres	ss		
{Ye		f yes, give war or dates of s WW #1	ervice)	None M	rs. Mary	J. Dyer,	10,102 ( Silver				
7	Conditions, if an gove rise to in cause (a), stating the lying cause lost.	he under-	, 60	coronary roomary	Artery Artery	Ins	ottic lerosi	ilen	cy	ld 5 yi	lay rs
CATION	PART II, OTH	ER SIGNIFICANT CON	באטוווטו	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	D THE TERMINAL D	DISEASE CONDITION	ON GIVE	N IN PART I(d)	PERFO	RMED?
CERTIFI	(IF EITHER, NOTIFY	S-UNDERCYTING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUI	RRED. (Enter nature o	of injury in Part I	ar Port II af item	1B.)			
MEDICAL	20c. TIME OF INJURY Hour ox m. p. m.	Manth, Doy, Ye	ar 20d, II While at war	Not white	PLACE OF INJURY foctory, street, office	Hame, farm, 20f e bldg., etc.)	f. (City or town)		(County)		(Stote
	21. I certify that		attend Lev	ded the deceased fra	m 243ep It death accurre		from the caus	ent			we) las
	220. SIGNATURE	and all a l		1.00 and inc	dedin decorre	d of party	from the coos	es unu	dir me date		b. DATE
	ms	relen L.	4/	K. X	M.D. PHYS.	MED.	OR PHYS. [		7 4	1 Se	SIGNED
	22c. PHYSICIÁN'S NAME (Type)	MERTON L.	WHIT	E	22d. ADDR	H Ge	01914	A	e Silv	~Sp	rine
230	. BURIAL, CREMATION	V. 23b. DATE THEREC	)F	23c. NAME OF CEMETER	Y OR CREMATORY	23d	LOCATION (City,	tawn, or	countyl	(State	(1)
	REMOVAL (Specify)	9/27/60			AT'L. CEM		ARLINGTO		IRGINIA	101011	,
24.	FUNERAL DIRECTOR'S	SIGNATURE PUMPHBEY	INC.	STLLVER SPRI	ING, MD.	250. REC'D BY I			RAR'S SIGNATU		

TO HOSPITA VR A15 (4) 1SM 9/59

YITT CHESTLINE The Company the land Oct location I gain 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN FOR STATE () MEDICAL EXAMINER CERTIFICATE OF DEATH FilmG27 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission) Page e. COUNTY o. STATE Waryland b. COUNTY Montgomerv files. MARYLAND b. CITY OR TOWN (if outside corporete limits, is neces: c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) YOUR write RURAL and give neerest town) Germantown. R- 2 Germantown R- 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS refained he State B Berryville Rd. Berrvville Rd . ond 3 to the fun 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) Prather Dyson Florence Elizebeth DEATH Sept with aff 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) 2 wit d 2 wi last birthday) Months 6/19/16 female 001. WIDOWED [ DIVORCED TO after 2,2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page 24 hours 12 Z done during most of working life, even if retired) housework Md. within within Give Page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Prather Bertha Draper form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 8 permit. (Yes, no, or unkown) | (Ifyesgive weror detes of service) Office along with burial-transit permi Mary Prather (sister) Item 2 in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). C PART I. DEATH WAS CAUSED BY Acute congestive heart failure pencil IMMEDIATE CAUSE (e) DUF TO pinous Conditions, if eny, which (b) "pending" i gove rise to immediate cause DUE TO (a), stelling the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION 2 cremat plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. writing Chief WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) fectory, street, office bldg., etc.) Not While Hour e.m. While ease execute the certificate, v should be forwarded to the FUNERAL DIRECTOR: Pa et work et work n.m prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X MEDICAL agent, Natural causes X Suicide death resulted from: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 9/13/60 EXAMINER'S Frank J. Broschart DEPU NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Poolesville. 9 a 40 Poolesville. ADDRESS 24b. REGISTRAR'S SIGNATURE 24e. REC'D BY REGISTRAR I Rockville, Md.

Montg.

Dey

USA

(County)

Cirthur S. Kraus

SEP 1 9 '60

. IS RESIDENCE ON A FARM?

YES NO

60

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO X

(Stete)

and in my opinion

DATE SIGNED

(Stete)

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

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funeral director, uld be filed with

and in any event, within 72 hours after death

page 3 shauld be detached for use as the buriol-transit permit. the Stote Board of Health priar to burial, cremation, ar removal,

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10415

	10480 CERTIFIC	CATE OF DEATH	10310
	1. PLACE OF DEATH o. COUNTY Mont gowery MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If b. Co	institution: Residence before admission)
	b. CITY OR TOWN (If autside corporate limits, write of c. LENGTH OF STAY IN RURAh and give nearest town)	1b c. CITY OR TOWN (If outside carporate limits,	write RURAL and give nearest town)
)	d. NAME OF HOSPITAL OF not in hospital, give street address) OR INSTITUTION WORE TOUR Toundation	d. STREET ADDRESS	S IX -3 . IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Netties B. 6	Merbrock 4. DATE OF DEATH	Manth Day Year 13 1960
	S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED	12-21-1876 83	yrs. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	Clay for Il.	12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME Jomes Jefferson	Soroh 6. For	ter
_	15. WAS DECEASED EVER IN 1. S. ARMED FORCES? (Yes, po. or unknown) (If yes, give war or dates of service)	Mrs. Eva Kairfmann	Olney-md.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Pulmerum	y Embalis	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate (b) Phleball	Temberis et. Fena	relat 15-Min
	couse (a), stating the under   DUE TO   Sen. (c)	. Seleveris + Debi	ON GIVEN PART 101 19. WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		PERBORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II of item	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of wark 19 19 19 19 19 19 19 19 19 19 19 19 19	De. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(Caunty) (State
		A 2000	ses and an the date stated above
1	220. SIGNATURE  220. AHYSICIAN'S  220. AHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS.	22b. DATE SIGNEI
1	JOHN BOSLE, ZIEGAER	alney	ned,
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE CLAYTON,	Illinois Clayton	, Illinois
	124. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsv.	GED 1.5 '60	b. REGISTRAR'S SIGNATURE allun S. Hrand

TO HOSPITAL PRECIOES ATTENDED TO Other Application.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in TO FUNERAL DIRECTOR: After this huriol-transit permit. Then please remaye carbon papers. Pages I and TO HOSPITA VR A15 (4) 1SM 9/59

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death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

November 1980 - 1981 - Anna Berlin, and the California and the second second Bittle Land Committee of the Committee o 

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1	0489		CERTIF	ICATE	OF DEA	TH			10	416
1. PLACE OF DEATH O. COUNTY MONTGOMER	y		MARYI	LAND 2.	usual residence. STATE	CE (Where deced	b. COUNTY		ce befare admi	issian)
b. CITY OR TOWN (IF RURAL and give no Bethesda (	autside carporate limits grest tawn) Rural)	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	'N (If outside ca	rporote limits, write l	RURAL and g	jive nearest ta	wn)
OR INSTITUTION	AL (If not in hospital, gi Hospital,				d. STREET ADDR		Blvd.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Corinne		Ellis Middle	FAI	LING	4. DAT OF DEA	_	tember		Year 19 60
5. SEX Female	6. COLOR OR RACE Caucasian				17-96		9. AGE (th years last birthday)  OH yrs.	Manths	Days Hour	- 1
10a. USUAL OCCUPATIO during mast of worki Housewife	N (Give kind af wark d ing life, even if retired)	ane 10b. K	IND OF BUSINESS O	R INDUSTRY	New Y		n cauntry)		S. A.	
13. FATHER'S NAME Henry Ell	is			14	Louise	House				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE If yes, give war or dates of se	rvice)	ocial security no.			ng 11100	Add Griffing	Blvd.	Miami,	Fla.
Conditions, if an gave rise to in cause (a), stating t lying cause last.	nmediate (	Post Eter	OPERATION CONTRIBUTING TO DE	riner	PSIS T	inary	EPHRITIS S	les	32	36Lr enth
200. ACCIDENT WA			RIBE HOW INJURY OF						PEK	FORMED?
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yea	While	JURY OCCURRED Not while of work		OF INJURY (Ham street, affice bld		City or town)	(0	Caunty)	(State
	t (1) (this haspital ed alive an 9=		ed the deceased				STAFF		e date state	
22c. PHYSICIAN'S NAME (Type)	J.D. REAL L	T MC	USN		22d. ADDRESS U.S. N.	AVAL HO	SPITAL, BE	HESD.	A, MD.	
23a. BURIAL, CREMATIO REMOVAL (Specify) BULLEL	N. 23b. DATE THEREO	-60	Arlington		nal	Arl	CATION (City, town, Lington, V	irgin:	ia	tate)
R. A. Pumphr	ey 7557 Wil	MAN. AV	e Pethesda	, Md.		a. REC'D BY REC		istrar's silving 8.		

DATE CEP 1 3 '60

may be revened by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours offer death. TO HOSPI VR A15 (4) 15M 9/59

after death. Page 4 the funeral directar, and 2 shauld be filed

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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ter death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in my the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board af Health priar to burial, crematian, or remayal, and in any event, within 72-bours after death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho TO HOSPIT. VR A1S (4) 1SM 9/S9

	1	11/17	CERTIFICA	IE OF DEATE		
1.	PLACE OF DEATH  o. COUNTY  7 Non 490	mery	MARYLAND	2. USUAL RESIDENCE (W	Where deceased lived. If institut b. COUNTY	ion: Residence before admission) Montgonery
	RURAL and give neare	itside corporote limits, write of town) ARK.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	Spring.	RURAL and give nearest town
	d NAME OF HOSPITAL	on Sanitar:	et address) i.um	d. STREET ADDRESS	Weaver St.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Estella	4 Middle	Figgins	4. DATE Mor	
-	remale 6.	COLOR OR RACE 7. MA		B. DATE OF BIRTH  10 - 17 -	9. AGE (In years last bigthday) 86 yrs.	Months Days Hours Min.
10	during most of working	Give kind of wark dane 10 life, even if retired)	%. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Thomas S.	ewell		Estell A	hear	
1S (Y	. WAS DECEASED EVER IN es, no. or unknown) (If ye	U. S. ARMED FORCES? as, give war or dales of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT - Thoma	s S. Israel -	10304 Inwood Aug
	PART I. DEATH	[Enter only one cause per WAS CAUSED 8Y:	line for (o), (b), and (c).]	EQ.		INTERVAL BETWEEN ONSET AND DEATH
	S 4 M	which (b)	Gastrie a	'elitation	(acute)	6 hrs
	gave rise to imm couse (o), stoting the lying cause last.	DUE-TO -	arly Brancha	Laurenia	+ pulm Ede	ema "
CERTIFICATION	PART II. OTHER	a ather	Contributing to DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		INDERLYING TO CAUSE OF DEATH DICAL EXAMINER)	escribe how injury occurre	D. (Enter nature of injury in	n Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh	for the state of t	ACE OF INJURY (Hame, for ctary) street, affice bldg., e		(County) (State
	21. I certify that (		anded the deceased frame	11	960, to 111 17	19_60 that (I) (we) las
	220. SIGNATURE	0,6,6	1.1	ATTENDING	MED. STAFF PHYS.	Sept 18 / CO SIGNER
	22c. PHYSICIAN'S NAME (Type) Ray mo	nd 0. West		22d. ADDRESS 76 00 C	arrale Ave.	Takone park.
23	a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,	
	Cremation	9/21/1960	Fort Linco			eorges County, M
	The S.H. Hi	nes Co29	01 14th St., N	DATE	CED 2 0 160	SISTRAR'S SIGNATURE

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	Table 1
District Description of the Community of	

10446 CERTIFICATE OF DEATH

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moy be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITA

VR A15 (4) 1SM 9/59

fter death. Page 4

1. PLACE OF DEATH MONTGOME TY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Montg	omery
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)  Kensington	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rockville	re nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Kensington Gardens	9701 Glen Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle C.	FLOYD 4. DATE Month OF DEATH Sept. 7,	Day Year 19 60
S. SEX  Female  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED		YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	Tenn. U.	S.
Alfonso W. Carlett	14. MOTHER'S MAIDEN NAME  Reavis	
(Yes, no, or unknown)   (If yes, give war ar dates of service)	Address  S. Scott Collins-son-same 2d	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which (b)	EMBCLUS	INTERVAL BETWEEN ONSET AND DEATH  48 LOW
gove rise to immediate couse (a), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	OF LUNG. IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	12 Mon 1
206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote
21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive an south 1960, and that	death occurred at 30 M, from the couses and on the	_, that (1) (we) los dote stoted obove 22b. DATE
22 PASSCIANTS Rosenberger, M. D.  Rosenberger, M. D.	M.D. ATTENDING X MED. STAFF PHYS.   22d. ADDRESS 3/0 () MONTGOMENY  ROCK Y LL-F, MED.	Light 2/9
	rch Cem. Potomac, Maryl	
Robert A. Pumphrey Bethesda, M	faryland DATE SEP 1 3 '60 Cutting 8 1	

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director Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY ed b. COUNTY MARYLAND Montgomery Maryland Montgomery death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 3hrs.45min Brinklow d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Montgomery General Hospital and 2 NAME OF DECEASED First 4. DATE Middle Last Month filled September (Type or print) DEATH Bahv Foreman BOV S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) after Months Colored WIDOWED 17 DIVORCED [ n papers. hours afte Male September 10,1960 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and carban Maryland 72 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME G within Mary Budd physici James Foreman remave 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (If yes, give war or dates of service) Hospital Records attending requires that the death 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) py Conditions, if any, which gove rise to immediate \*DUE TO cause (o), stoting the underbeen si lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) burial, MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

Month. Day, Year While

of work

20d. INJURY OCCURRED ot work

Not while

foctory, street, office bldg., etc.)

ATTENDING

19 60, and that death accurred at

M.D. PHYS.

... 19\_\_\_\_, that (1) (we) last

M, fram the causes and an the date stated above.

(County)

22b, DATE SIGNED

(State)

PERFORMED? YES NO

e. IS RESIDENCE

Day

Days

S.

10

Hours

INTERVAL BETWEEN ONSET AND DEATH

ON A FARM?

YES NO TH

Yeor

19 60

21. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an

22a. SIGNATURE

22c. PHYSICIAN'S

23g. BURIAL, CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S STONATURE

NAME (Type)

Haur o. m.

p. m

Gilcin F. Meadors, MD. 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

MED. STAFF PHYS. 22d. ADDRESS

Damascus, Maryland 23d. ADCATION (City, town for county)

\_ (Stote)

TO FUNERAL TO HOSPIT VR A15 (4) 15M 9/59

DIRECTOR

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page 3 sh the State

Boord

25a. REC'D BY REGISTRAR DATE SEP 1 9 '60

256. RECHETRAR'S SIGNATURE

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	name of			
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10199

	CERTIFICATE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence							104	40
1. PLACE OF DEATH  o. COUNTY	054	MARY		USUAL RESIDENCE (Who o. STATE	ere deceased li	ved. If institution b. COUNTY	Residence to	O 111 Pr	on)
b. CITY OR TOWN (If out RURAL and give neares	side corporate limits, wr	ite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporat	e limits, write RU	RAL and give		
Takoma Pa	rK	3 day	5	lakoma	Park		17		
d. NAME OF HOSPITAL (I OR INSTITUTION	f not in hospital, give st	reet oddress)		d. STREET ADDRESS		0.4		e. IS RESI ON A	FARM?
Wash noten!	Santerium	+ Hospils		905 Do	mer	HVE	1		NO D
3. NAME OF DECEASED (Type or print)	Noe First	Euge.	nr C	15.5	4. DATE OF DEATH	Sept	mber		Year 1960
5. SEX 6.	COLOR OR RACE 7. A	MARRIED NEVER MARRIE	ED B. D	ATE OF BIRTH	9.		Months Da	EAR IF UNDE	R 24 HRS Min.
Male	White WID	OWED DIVORCE		11-21-	72	87 yrs.	Monins Da	ys Hours	Min.
10a. USUAL OCCUPATION (Couring most of working	Give kind of work done	10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN	OF WHAT CO	OUNTRY
Cher	, , , , , , , , , , , , , , , , , , , ,			France	6		17	rance	20 1
13. FATHER'S NAME			1	MOTHER'S MAIDEN N	IAME				
Louis	Gley zal			Rugusti	np M	antelir	7		
15. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	. 17, INFO	MANT	٨	Addre	\$\$	J 1111 G	
			4091	ital Kecon	ds	10 - 74			
18. CAUSE OF DEATH	Enter only one couse p	er line for (o), (b), and (c).	]	1		1		INTERVAL BET	
PART I. DEATH V	WAS CAUSED BY: MEDIATE CAUSE (o)	Cerebral	+0	ulmman	1 6	demo	2-	a aux	2
141.0	DUE TO ~	111.11			X	E-9-1-1-			+
Conditions, if ony,		Halnutul	in		U			mou	lu
gove rise to imme	ediote Due TO	<u></u>		1.1	0	1-			
lying couse lost.	(c)(	arunoma	1//	h mose	, 0/	ringe	l		
PART II. OTHER S	IGNIFICANT CONDITIO	NS CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1	PERFO	RMED?
	CAUSE OF DEATH	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in F	Port I or Port II	of item 1B.)			
20c. TIME OF INJURY M Hour o. m. p. m.	W	od. INJURY OCCURRED  Thile Not while work of work	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City of	town)	(Cou	nty)	(Stote
21. I certify that (I	) (this hospital) at	ended the deceased	from	5-6 19	66 . to	9 - 3	19.60	, that (I) (v	we) las
sow the deceased		9-2 /A		h occurred of	M. from th	e couses and			
22o. SIGNATURE	11.00		11101 000					0.01	0.75
	IMA) TEL	wil	M.D	ATTENDING ME	ED. RECTOR	STAFF PHYS.	-	9-4-60	SIGNED
22c. PHYSICIAN'S NAME (Type)	PAH AM	W. DANISH	+	22d. ADDRESS	=725H	ing D	)/[ .	5.5-	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b, DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d. LOCATIO	N (City, town, or	county)	(Stote	e) C
Chemaline	Jept. 7-196	O Stimes	les &	Brajares	Aledon	sbeizg ,	laad.	110,	6.
24. FUNERAL DIRECTOR'S SIE	SNATURE / /	ADDRESS	11 -:		D BY REGISTRA		RAR'S SIGN	ATURE	
1 /11/1///	0 /01-111/2.	12011	11 61	11/17	9TD 7 1	50 / 0	1 -1 0	1	

moy be retained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion. TO HOSPITA VR A15 (4) 15M 9/59

completely filled in by the funeral director, popers. Pages I and 2 should be filled with pages don't

ond completely filled in

Thin 72 hours ofter death.

poge 3 should be detoched for use os the buriol-tronsit permit. Then pleose removes the State Board of Health prior to buriol, cremotion, or removol, and in ony event, w

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has

er death. Page 4

START MARKET

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

10424

N.	10480	CERTIFICA	IE OF DEATH		
	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If insti nd b. COUN	tutian: Residence befare admission)  NTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Bethesda	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		e RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS 5309 Burlin	g Terrace	e. IS RESIDENCE ON A FARM? YES \( \) NO
1	3. NAME OF First DECEASED (Type or print) ARTI	HUR E. GOO	DWIN, Sr.	4. DATE OF DEATH Sept	Aonth Day Year 19 60
L	Male white w	MARRIED NEVER MARRIED DIVORCED DIVORCED			Months Poys Haurs Min.
	Oa. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)  Insurance Agent	Retired	Mass.	or fareign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME Charles Henry Goo	odwin	14. MOTHER'S MAIDEN N	e M. Moore	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no, or unknown)  (If yes, give war or dates of servi	(0)	of thur E. Good		ame as Item #2
	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Part I or Port II of item 18.)	YES NO
	20c. TIME OF INJURY Manth, Day, Year How c. m. p. m.		ACE OF INJURY (Home, form clory, street, office bldg., etc.		(Caunty) (State
	21. I certify that (I) (this heapital) saw the deceased alive	101-10	death accurred	M, fram the causes	and on the date stated above
	22c. PHYSICIAN'S	LUINE M	ATTENDING J ME	RECTOR   STAFF PHYS.	23 M/ 6 SIGNED RANGE MI
3	230. BURIAL CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY CO		23d. LOCATION (City, Town	(Stote) (Stote) Mass.
1	ROBERT A. PUMPHREY	Bethesda, M	250. REC'I	0.00.00	EGISTRAR'S SIGNATURE

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs ofter death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hay TO HOSPITA VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	0486		CERTII	FICATE	OF DEATH	1			10425
o. COUNTY	omery		MAR		. USUAL RESIDENCE (WO. STATE New York	Vhere deceased live	ed. If institution b. COUNTY	n: Residence be	efore admission)
RURAL and give ne	arest town)	s, write	c. LENGTH OF STAY	r IN 1b	c. CITY OR TOWN (IF	outside corporote	limits, write RU	IRAL ond give r	nearest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS	de Dr.	69)	(-3	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print)					Lost OTTLIEB	4. DATE OF DEATH			Day Year 1 19 60
					-		ast birthday)		AR IF UNDER 24 HRS.  Hours Min.
during most of work  Foreign Se	N (Give kind of work or king life, even if retired)	ione 10b. I			New York	e or foreign count	7		A.
	idson GOTT	LIEB							
. WAS DECEASED EVE (es. no. or unknown) Inknown	R IN U. S. ARMED FOR (If yes, give wor or doles of se Unknown	CES? 16. S				PTLIEB, s			
gave rise to in cause (a), stating lying couse last.	ny, which mediate the under-		ONTRIBUTING TO DI	EATH BUT NO	OT RELATED TO THE TER/	MINAL DISEASE CO	DNDITION GIVE	EN IN PART 1(o	PERFORMED?
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	OCCURRED. (	(Enter nature of injury in	n Port I or Port II	of item 18.)		YES X NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	Not while				town)	(Count	(Stote
21. I certify tha				d that dec	ath accurred at 9:	35PM am the	causes and	d an the da	22b. DATE SIGNED
NAME (Type)	MES. CDR. I	MC. II	SN			val Hosp	ital. B	ethesda	. Md.
	Montg b. CITY OR TOWN (In RURAL and give ne Bethesda (R) d. NAME OF HOSPIT OR INSTITUTION U.S. Naval  NAME OF DECEASED (Type or print)  SEX  Male Do. USUAL OCCUPATIC during mast of work Foreign Se Do. USUAL OCCUPATIC during mast of work Foreign Se Do. USUAL OCCUPATIC during mast of work Foreign Se Do. AAS DECEASED EVELY (S. WAS DECEASED EVELY) DIR NOWN  18. CAUSE OF DEA PART I. DEA  Conditions, if o gave rise to it cause (a), stating lying couse last.  PART II. OTHER  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)  201. I certify that saw the decease with the decease of the control of the con	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)  Bethesda (Rural)  d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION)  U.S. Naval Hospital,  NAME OF DECEASED  (Type or print)  Dav:  SEX  6. COLOR OR RACE  Caucasian  Da. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)  Foreign Service Office  FATHER'S NAME  Israel Davidson GOTTI  S. WAS DECEASED EVER IN U. S. ARMED FOR INTERPORT (If yes, give, wor or delea of set in MACON	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)  d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION)  U.S. Naval Hospital, Bethe  NAME OF DECASED (Type or print)  SEX  6. COLOR OR RACE  7. MARRI  Gaucasian WIDOWE  Outside Could of work done 10b. If the county of the	PLACE OF DEATH  o. COUNTY  Montgomery  b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Bethesda (Rural)  d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION  U.S. Naval Hospital, Bethesda, Md.  NAME OF DECEASED  Type or print)  David  Raphae  Caucasian  WIDOWED  DIVORC  DOLUMBRIC OF BUSINESS of Caucasian WIDOWED  DIVORC  DOLUMBRIC OF BUSINESS of Caucasian WIDOWED  Foreign Service Officer  B. FATHER'S NAME  Israel Davidson GOTTLIEB  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  The No. or unknown)  IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI  COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  To CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  To CONTRIBUTING CAUSE OF DEATH HOUR O. M. D. M.  19 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work of twork of twork of work of twork of twork of work of twork of twork of work of two work of CONTRIBUTING CAUSE OF DEATH HOUR O. M. D. M.  19 21. I certify that (1) (this haspital) attended the deceased sow the deceased alive an 9-1- 1960, and	PLACE OF DEATH  o. COUNTY  Montgomery  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)  d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  U.S. Naval Hospital, Bethesda, Md.  NAME OF DECEASED (Type or print)  David  Raphael  G.  SEX  6. COLOR OR RACE  Caucasian  MIDOWED  DIVORCED  DIVORC	PLACE OF DEATH  C. COUNTY  Montgomery  Mon	MONTGOMERY  MONTGO	PLACE OF DEATH  C. COINTY  MONT GOMERY  MARYLAND  D. CITY OR TOWN (If outside corporote limits, write BURAL and give necess town by control by county)  D. CITY OR TOWN (If outside corporote limits, write BURAL and give necess town by control	PLACE OF DEATH  O. COUNTY  MONTGOMERY  MON

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 howarefter death. Page may be rehalfed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled withe State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hydrs other. VR A1S (4) 1SM 9/59

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moy be reboined by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remaval, and in ony event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA

VR A15 (4) 1SM 9/59

		10487		CERTIFIC	ATE	OF DE	ATH					JL (7 2	
1	PLACE OF DEATH a, COUNTY Montgomery			MARYLANI		USUAL RESIDER a. STATE Florida		nere deceased	lived. If institu b. COUNT		ence befo	ire admiss	ian)
	b. CITY OR TOWN (IF RURAL ond give ne Bethesda (	autside carporate limi grest tawn) Rural)	ts, write	c. LENGTH OF STAY IN 1		c. CITY OR TO		outside carpore	ote limits, write	RURAL and	d give ne	arest tawr	1)
	d. NAME OF HOSPITA OR INSTITUTION U. S. Nava	AL (If not in hospital, g	ive street	address)		d. STREET ADD		Shores	4	18.	-3		FARM?
3.	NAME OF DECEASED (Type or print)	John John	st	Middle Leonodis	G	last OULDER		4. DATE OF DEATH	-	ember	21		Year 19 60
1	ale	6. COLOR OR RACE  Caucasian		ED DIVORCED	8. D	2-5-10		9	9. AGE (In year last birthday) 50 yrs	Manths		Haurs	Min.
100	during most of working Mariner	N (Give kind of work on ing life, even if retired)		KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLAC		or foreign con	untry)		J.S.		OUNTRY?
13.	FATHER'S NAME  Milton GOU	LDER						vabeth	(Unknow	m)			
3	s, no, or unknown] [	IN U. S. ARMED FOR If yos, give war or dates of so 1932 to DO	ervice)	-1 -1	Hosp	ital Re	cord	ls	Ad	dress			
-	Conditions, if or gave rise to in cause (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO TO MAKE TO THE T	M	e for (a), (b), and (c). I patic etasta ronch	In	onf i Ce	fic	car	Oma v	Jl	ON Li	ERVAL BE	S Wee
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING [		CONTRIBUTING TO DEATH I				Part 1 or Part		IVEN IN P	ART 1(a)	PERFC	AUTOPSY ORMED?
MEDICAL CER	(IF EITHER, NOTIFY )  20c. TIME OF INJURY  Haur a. m.  p. m.	19	While at war	Nat while at wark	factory,	OF INJURY (Ha	ldg., etc.	.)			(Caunty)		(State)
	saw the deceas 22a. SGNATURE 22c. PHYSICIAN'S NAME (Type)	(i) (knobsotod ed alive an Sep William P.	dience de la constant	Bas		ATTENDING PHYS. 22d. ADDRESS	at 114	M, fram 1	Staff PHYS.   pital, I	ind on t	he date	22 9-25-	l abave. b. DATE SIGNED
23 B 24	BURIAL, CREMATION REMOVAL (Specify) UNITAL SPECIOR:	n. 23b. DATE THERECOMENT 9-26-0	50	23c. NAME OF CEMETER  Blandford  DDRESS		etery	5a. RFC'	Peter	RAR 25b. REC	, ar caunty	Viz	(State	
R	.A. Pumphre	,,,,,	Home,	Bethesda, M	d.		ATE	EP 28	60	unthun			

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IM		PLACE OF DEATH					2. USUAL RESID a. STATE	ENCE (Whe	re deceased	lived. If in		dence befa	re admissi	on)
AI		Montgomer			MAR	YLAND	Maryl:	and			ntgome	ry		
		CITY OR TOWN (If RURAL ond give ne	outside corporate limi	its, write	c. LENGTH OF STA	YIN 16	c. CITY OR TO	OWN (If ou	tside corpoi	rote limits, w	rite RURAL an	d give nec	rest town	)
		Bethesda	arear rowing		266 day	Q I	Silve	r Spr	ing		30			
CA			AL (If nat in haspital, g	give street	address)		d. STREET AD			- 1			e. IS RESI	
20			cal Center			Ma.	2071	Gosne	17 5+	noot	1		ON A	
	3	NAME OF	Fin	-	Middl		Last		4. DATE	reeu	Month	Da		'ear
		Type or print)							OF DEATH	0			,	
	5. 9		Doro		Syb		Gra		DEATH	9. AGE (In y	ptembe	ER 1 YEAR		9 60 P 24 HI
	3. 3	DEA.	6. COLOR OR RACE				DAJE OF BIRTH			lost birtho			Hours	Min
		Female	White	WIDOWI			January			36	yrs.			
-	100	. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	ACE (Stote o	r foreign co	ountry)	12.0	ITIZENOF	WHATC	OUNTR
1	)	Housewife			None			Te	exas			U	S.A	
	13.	FATHER'S NAME					14. MOTHER'S							
		Jonas A.	Hammond				Two B	Lyon	2					
147	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY N	O. 17. INF	ORMANT The	Made	- T		Address			
	(Yes	, no, or unknown) (	If yes, give war or dates of s	service)										
		No.	- · · · · · · · · · · · · · · · · · · ·		available		Clinic	al Cer	nter,	Bethe	sda 14		ylan	
794			TH [Enter anly one co			*							ERVAL BE	
		PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ch	oriocarcin	noma						2	year	'S
		173	DUE TO											
		Conditions, if of		)										
	3	gave rise to in couse (a), stoting t	nmediote (											
		lying couse lost.	) (c	=)										
0	Z	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERMIN	IAL DISEASI	CONDITIO	N GIVEN IN P	ART 1(o) 1	9. WAS A	UTOPS
de	CATION												PERFO YES -	
	U.	20g. ACCIDENT WA	S UNDERLYING [7]	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in Po	ort I ar Parl	I II of item 16	B.)		- Jan	
- 1	CERTI	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
		20c. TIME OF INJUR		20.1.11	HILLIPY OCCUPATED	In DIAC	CE OF INJURY (H	lama farm	206 (Cit.			10		101-
	MEDICAL	Hour a.m.	Month, Doy, Ye	While	Nat while		ory, street, office		20f. (City	or town)		(County)		(Sto
	A.	p. m.	19		k ot work						VI 1 5			
		21. I certify tha	t (I) (this haspita	l) attend	led the deceased	fram De	ecember	18 19	59. ta .	Septem	ber 919	60 th	at (I) (v	ve) le
			ed alive of Sep											
		22a SICHATURE	_ //	10	10	a mai de			eas ar citt		J dild dil	ine date	22b	. DATE
		MINT	-1001	e CA	140	AA	.D. PHYS.	MEL	D. ECTOR [	STAFF PHYS.			9/9	760
1		22c. PHYSICIAN'S	100			IV				-		NT-+2-	-11	700
		NAME (Type) Martir	Nydick, M	1. D.							nter,			
	-										Bethes		-	
	230	REMOVAL (Specify)	N, 23b. DATE THEREC	.051	23c. NAME OF CE	METERY OR	CREMATORY		23d. LOCAT	IION (City, to	own, or count	у)	(Stote	=)
	1	UKIAL	VEPT. 12	1960		11-	1:1-		1RO	UP	EXAS		16.11	
	24.	ENNERAL DIRECTOR"	1 11	9.1	ADDRESS	D	/ -	2Sa. REC'D			REGISTRAR'S			
	16	walls The	and Home	016	1784 112	NC	12"	DATE SE	P 1 3 '6	U	arthur	d. Thai	ia	

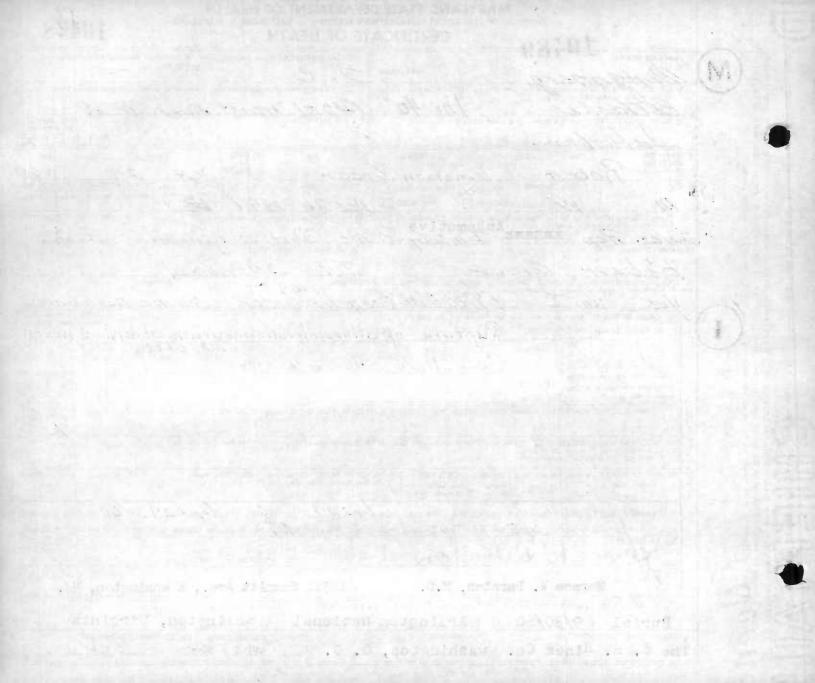
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10128

a	10'00 CERTIFICATE OF DEATH	10300
M director	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of DEATH of COUNTY of STATE of	befare admission)
e funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give nearest town)  d. NAME QF HOSPITAL (If not in haspital, give street address)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give RURA	e negrest town)
42 2 A	Sufurifare 47X-	ON A FARM?
thin 24 ha y filled in ages 1 an death.	3. NAME OF DECEASED (Type or print) Robert Emetson Greet 4. DATE OF DEATH: Sept 27	Day Year
ed with pletely ers. Pa after de	M WIDOWED DIVORCED DEL. 36 1891 68 ps. Manths D	YEAR IF UNDER 24 HI ays Haurs Min
and cam an pap 2 haurs	Sales Hep ** Ladwing - Private. District Mislumbar	W. S.
sician of ve carb	13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME OF THE	
ing phy se rema event.	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 57203-5844 Cornelia Greer - Same as	rabare
he death a standing of the death	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Rupture of otheroscleroticoneurysm abdomi	INTERVAL BETWEEN ONSET AND DEATH
es that the ed by the remit. The aval, any	Canditions, if any, which) (b) Graneralized atherosclarosis	
an signeral sit per ar rema	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	
physici physici has bee rial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPS PERFORMED? YES NO
tending ifficate I the bu	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
PHYSIC al ar at this cert this cert r use as r ta buri	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while p. m. 19 at wark at wark	unty) (Sta
NDING haspit After ched fa	21. I certify that (I) (this haspital) attended the deceased from Lept 27, 1960, to Lept 27, 1960 saw the deceased alive an Sept 27, 1960, and that death accurred a D.E.M. from the causes and an the course of the	
d by the rector of Heal	20. SIGNATURE  HOLICE W-DUM ON M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	22b. DATE SIGN
rebone RAL DIS shauld e Board	22c. Pyrs (CIAN'S MAME (Type) Horace W. Burnton, M.D. 22d. ADDRESS 10511 Summitt Ave., K ensingto	n, Md.
may be FUNEI page 3 the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) Burial 9/30/60 Arlington National Arlington, Virg.	(State) inia
VR A15 (4)	24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGN The S. H. Hines Co. Washington D. C. SEP 2 9 '60 Claude St.	

VR A15 (4) 1SM 9/59



10429

CERTIFICATE OF DEATH 10490 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND Montgomery D.C. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Bethesda Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO TX Suburban Hospital 1803 Monroe Street, N.W. NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) Griffith 19 60 September 7. MARRIED NEVER MARRIED NEVER B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) Days DIVORCED | F. WIDOWED | White Time 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank T. Griffith Kate Kenny Beaty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Sister none As above No Katio G. Shede 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY han IMMEDIATE CAUSE (o) **OUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark at wark p. m. 19 (24 that (I) (we) lost 21. I certify that (1) (this haspital) attended the deceased from. LC\_19 GO and that death occurred a Co.M. from the couses and on the date stated above. saw the deceosed olive on 220. SIGNATURE SIGNED ATTENDING PHYS. MED. M.D. 226 PHYSICIAN'S 22d. ADDRESS MAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Buria Friendship. Maryland 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hines Company - Washington .DC DATE SEP 2 0 '60

Filled death oft cample papers. HOUES and pau b physicia burial-transit OS OR TONERAL DIRECT 3 shauld page 3 sh the State 0 VR A15 (4) 15M 9/59

The state of the s CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest tawn) Bethesda (Rura) 12 days d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 6302 Orchid Drive U. S. Naval Hospital YES NO IX 4. DATE NAME OF Middle Month Yeor DECEASED William (Type or print) Herbert HAAS DEATH September 20 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Male Caucasian | WIDOWED | DIVORCED T 4-23-07 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S. Public Health U.S.A. Sanitary Engineer Wisconsin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Edward HAAS Augusta Louise ABEL IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Mrs. Helen P. Haas, same as CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a. m. While Not while at work ot work p. m 21. I certify that (I) (this hospital) attended the deceased fram Sept. 1960\_, that (I) (We) last 20\_1960, and that death accurred at -- Mr. fram the causes and an the date stated above saw the deceased alive an Sept. 22a. SIGNATURE SIGNED MED. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type O'CONNELL, LCDR, MC, USN U. S. Naval Hospital, Bethesda, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington National Cemetery 9-23-60 Arlington Virgina Burial MERNE PIRECTOR SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur & Kraus Wisc. Ave., Bethesda. Md.

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ster death. Page 4

ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within 24 hav

VS A1S (4) 15M 9/58

## **CERTIFICATE OF DEATH**

10431

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ea.	Dist.	No.			

1	o. COUNTY	SOMERY		MARYLA	- 11	USUAL RESIDENCE (Va. STATE	Where deceased YLAND	d lived. If institut b. COUNTY			re admis	ion)
		outside corporate limi arest tawn)	its, write	c. LENGTH OF STAY IN	16	C CITY OR TOWN (III	f outside corpor		RURAL ond	give ne	arest tow	n)
Ī	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, g				d. STREET ADDRESS	OKE ROA	D				FARM?
F	3. NAME OF	Fire Fire	_	Middle		Last	4. DATE	Mo	-41			Year
	(Type or print)	EL	JAH			HACKETT	OF DEATH	SEPTEN	BER	7,		19 60
1	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.0	ATE OF BIRTH		9. AGE (In years last birthday)	Manths		Hours	ER 24 HRS Min.
1	MALE	COLORED	WIDOW	ED DIVORCED [		4-25-1875		85 birthday)		Days	Hours	Min.
	10a. USUAL OCCUPATION during most of work LABOREI	ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto		ountry)	12. CIT	U.S		OUNTRY
	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
		HENRY H	ACKET	T		MARTHA	AWKWAR	D				
	IS. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			iress			
1	(101, 110) S.	it yes, give war at acres of a	in the p			HOSPITA	L RECOF	ens OI	NEY,	MAR	YLAN	D
	Conditions, if or gove rise to ir cause (o), stating lying couse lost.  PART II. OTH	nmediate the <u>under-</u> (c)  ER SIGNIFICANT CON	DITIONS (	HEART  UREMI  KIDNE  CONTRIBUTING TO DEATH	A BUT NO	I LURE T RELATED TO THETER			VEN IN PAR	RT 1(a)	PERFC	AUTOPSY DRMED? NO 🔀
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC					7.2			
	20c. TIME OF INJURY Have a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20 Not while k ot work		OF INJURY (Home, fa , street, office bldg., e		or tawn)	(	County)		(State)
	alive an SEP.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATION REMOVAL (Specify)	1. LEAL. N, 22b. DATE THEREC 9/10/6	M. D	22c. NAME OF CEMETE Ash Memory	eath ac	GAIT	O_M, fram ADDRESS (St HERSBUR 22d. LOCAT	the causes and reet, city or town  G. MARYL  HON (City, town, y Spring	AND ar county)	e date	stated DAT /8/60	d above re signed
1	Paleet	L. Survi	de	ADDRESS Rockville	e, Md		SEP 1 3		ISTRAR'S SI	GNATU	RE	

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AND ANALYSIS AND THE PROPERTY OF THE PARTY O es Present ANUALA VENETICAL The state of the s A CONTRACT OF THE PROPERTY OF And the man was all tenders and the man and the same DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10432

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1. PLACE OF DEATH o. COUNTY Montgomer	7		MARYL		USUAL RESIDENCE o. STATE Pennsylva		ed lived. If institution b. COUNTY	on: Residen	ce befor	e admiss	ion)
	f outside corporate limits	s, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN		orote limits, write R	URAL ond	give nea	rest town	1)
Bethesda	oreal lowing		5 days		Philadelp	ohia. 3	8		7	X	-2
OR INSTITUTION	AL (If not in hospitol, gi	12/7/		4	d. STREET ADDRESS		Street				FARM?
3. NAME OF	Firs		Middle	48 11	Last	4. DATE	Mon	ıth	Day	,	Yeor
(Type or print)	Will	iam	Jav		Haebel	OF DEATH		ember			19 60
S. SEX			RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER			ER 24 HR
Male		WIDOW			anuary 3.	1057	lost birthdoy)  3 yrs.	Months	Doys	Hours	Min.
Oa. USUAL OCCUPATIO	ON (Give kind of work d	-	KIND OF BUSINESS OR			tote or foreign		12. CITI	ZEN OF	WHAT	OUNTR
Child	king life, even if retired)		None		Col	ifornia			U.S.	Δ.	
3. FATHER'S NAME			110110	1	4. MOTHER'S MAIDE		W V.O.		0.01	42.0	
Robert E.	Hachal				Barbara S	Shellen!	herger				
S. WAS DECEASED EVE	R IN U. S. ARMED FORCE	CES? 16.	SOCIAL SECURITY NO.	17. INFO	MANT The M			ress			
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	None		Clinical (			71.	Maria	rl and	d
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	TH WAS CAUSED BY:								ONS	ET AND	DEATH
	IMMEDIATE CAUSE (0)	Pul	monary Edem	a					1	Ho	ır
	DUE TO										
Conditions, if o		Pne	umonitis						- 2	We	aks
gove rise to i couse (o), stating lying couse lost.			rotizing G	ranul nd Lv	omata, of	hunknow	n Etiolog	y of		3 Ye	ars
PART II. OTH	HER SIGNIFICANT CONE		CONTRIBUTING TO DEAT		_		SE CONDITION GIV	VEN IN PAR	T 1(o) 1	PERFC	AUTOPS'
PART II. OTH	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter noture of injury	y in Port I or Po	rt II of item 18.)				
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While	Not while		OF INJURY (Home, , street, office bldg.,		y or town)	(1	County)		(Stot
			ded the deceased f								
220. SIGNATURE	ilp F	in	ena	M.D	ATTENDING	MED. DIRECTOR				22	B. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	PHILIP FIRE	EMAN .	M.D.				nter, Nat			tit	ıtes
23a. BURIAL, CREMATIC REMOVAL (Specify)	9/8/68	F	23c. NAME OF CEMET	TERY OR C			Styn,			(Stot	le)
24. FUNERAL DIRECTOR		4	Betherde,	md	25a. F	REC'D BY REGIS		STRAR'S SI			

may be reborked by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a the funeral director.)

poge 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITA VR A1S (4) 1SM 9/59

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

De Contract lander, Persent II, II. (14.09 Jeth Dall Herst III.) The state of the s and the second of the second o Accept .N Justice The Man and Market ones, the order la chargement the Dishest Contes, hattoned are the Dishest Contes, hattoned are that a derived at the contest of the contest

**CERTIFICATE OF DEATH** 10/01

10433

N	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence District of Columbia COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Bethesda (Rural)  C. LENGTH OF STAY IN 1b  90 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Washington	e nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital	4.405 38th Street, N.W.	e. IS RESIDENCE ON A FARM? YES NO
3	3. NAME OF First Middle DECEASED (Type or print) Winifred M,	HANSEN 4. DATE Month OF DEATH September	Day Year 24 1960
67	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B.    Female   Caucasian   WIDOWED   DIVORCED	1 1 1 1 1 1	YEAR IF UNDER 24 HR
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	Minnesota U.S	NOF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Helen GEORGE	
1	Knud Einerson MO  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INK	ORMANT Address	
1	(Yes, no, ar unknown) (If yes, give war or dates of service)	Harold D. Hansen, same as #2 abo	ove
	Conditions, if any, which gave rise to immediate cause (a), stoting the under.   DUE TO     lying cause lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPS) PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	(Enter noture of injury in Port I or Part II of item 18.)  CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	YES NO L
	21. I certify that (A) (this haspital) attended the deceased fram	ath accurred atM, from the causes and an the d	22b, DATE
1	22c. PHYSICIAN'S NAME (Type) Blair M. WEBB, LT, MC, USN	D. ATTENDING DIRECTOR STAFF PHYS. 22d. ADDRESS  U. S. Naval Hospital, Bethesda	9-24-66 <sup>NE</sup>
2	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CECHET HILL (	Crematory Suitland 1	(State) Maryland
W.	R.A. Pumphrey Funeral Home, Bethesda, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE

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VR A15 (4) 15M 9/59

TO HOSPITA

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ATTENDING PHYSICIAN: The law requires that the death certificate be

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Burte M. Mons, III, MD, ESH D. S. Level Bougirel, Perhance (4.

The title 9-20-30 Coder Hill Crescuty Statement -

J. M. Sagardy Sunder Land, Broke Str. 18.

ofter death, Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has med by the haspital or attending physician.

y the funeral director, 2 shauld be filed with

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CERTIFICATE OF DEATH

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st fown)
IS RESIDENCE ON A FARM? YES NO TO
19 60
Hours Min.
S.
s Item #2.
VAL BETWEEN
WAS AUTOPSY PERFORMED? YES NO
(Stole)
the deceased stated above DATE SIGNED
(Stote)
Y Y Y

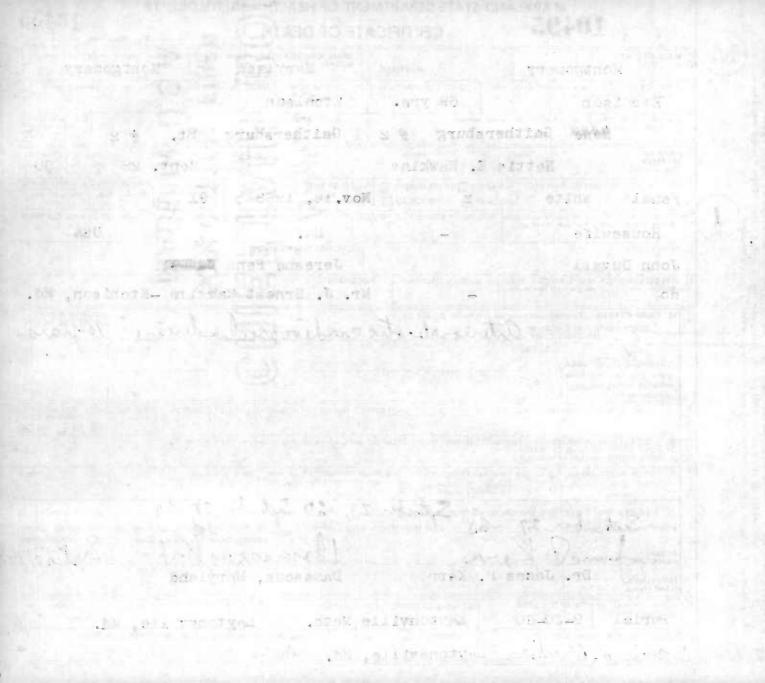
may be referred by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in ony event within 72 hours after death. TO HOSPIT VS A15 (4) 15M 9/55

William Standard Standard . Son of the color of the same Usual Means of the Day AUTODIA ESTADON LES ESTADON DO - PI-2 DIFFERENCE EN EN E RUSHER . . UME most performed to the state of

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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25b. REGISTRAR'S SIGNATURE archur S. Kraus

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tside corporate limits,	write c. LE	NOTH OF STAY								/
st town)		NGIH OF SIAI	IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL and	give neo	rest town	n)
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(If not in hospital, give	street oddres			d. STREET ADDRESS				13	e. IS RES	IDENCE
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First				Lost	4. DATE		th	Da	v	Yeor
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es, give wor or dates of servi	ce)							2.5		
				Clinical	Center	Betheso	a 14	-		
	e per line for	(o), (b), and (c)	).]					ONS	ERVAL BE	DEATH
MEDIATE CAUSE (o)_	Pneumo	nia and	pulmo	nary edem	9			3	day	S
3 DUE TO										
	Acute	myelocy	rtic le	ukemia				1	mon	th
) (c)_										
SIGNIFICANT CONDIT	TIONS CONTE	RIBUTING TO DE	EATH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	'EN IN PAI	₹T 1{o} 1	PERFC	AUTOPSY DRMED?
INDERLYING 1 20	b. DESCRIBE	HOW INJURY O	OCCURRED. (E	nter nature of injury	in Part I or Par	t II of item 18.)				
DICAL EXAMINER)										
Month, Doy, Year		OCCURRED				or town)		County)		(Stote
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B. Block,		NIAME OF CEL	AETERY OF CE	EMATORY	224 1004	TION (City town	05.50		10.	
23b. DATE THEREOF 9/8/60	23c.	NAME OF CEA		t. Cem.		TION (City, town, Lington			(Sto	te)
	First Charle Color or RACE Col	Charles  Charles  Color or RACE  White  Widowed  Give kind of work done life, even if retired)  Head  N. U. S. ARMED FORCES?  S. Sen, give wor or dorte of service)  SECTION OF COLOR OF COLOR  Widowed  Arch  16. SOCIA  STEPPING  DUE TO  Which lediote Under:  SIGNIFICANT CONDITIONS CONTE  CAUSE OF DEATH DICAL EXAMINER)  Month, Doy, Year  19 of work  10 (this haspital) attended the	First Middle  Charles Edwar  Color or Race 7. Married Never Marr  White WIDOWED DIVORCE  (Give kind of work done life, even if retired)  Head  N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 1582-10-356  [Enter only one couse per line for (o), (b), ond (c) Was CAUSED BY.  MAS CAUSED BY.  MAS CAUSED BY.  MAS CAUSE OF DEATH DICAL EXAMINER)  DUE TO  Which (b) Acute myelocy  SIGNIFICANT CONDITIONS CONTRIBUTING TO DI  CAUSE OF DEATH DICAL EXAMINER)  Month, Doy, Year 20d. INJURY OCCURRED While of work of	First Middle  Charles Edward  COLOR OR RACE 7. MARRIED NEVER MARRIED B. D.  White WIDOWED DIVORCED J.  (Give kind of work done life, even if refired)  N. U. S. ARMED FORCES? Architectural  Head  N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  Lead  N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY Architectural  WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMATION OF BUSINESS OR INDUSTRY NO. 17. INFORMATION OF BUSINESS OR INDUSTR	First Middle Lost  Charles Edward Head  COLOR OR RACE 7. MARRIED NEVER MARRIED JANUARY 22  (Give kind of work done life, even if refired)  Architectural Louisian  It. Mother's Maide  Mary Anna  Head  Nu. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Mary Anna  See, give wor or dote of service)  Enter only one couse per line for (o), (b), and (c).]  WAS CAUSED BY:  MACHITE CAUSE (o) Pneumonia and pulmonary edems  But To  Which Due To  (c)  SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETE  MONTH, Doy, Year 20d. INJURY OCCURRED (Enter noture of injury of work of work of twork of two twork of two twork of two	Charles Edward Head DEATH  COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  White WIDOWED DIVORCED January 22, 1934  (Give kind of work done life, even if refired)  Architectural Louisiana  14. MOTHER'S MAIDEN NAME  Mary Anna Na11  N. U. S. ARMED FORCES? See, jive wor or dotre of service)  SEQ-1956  [Enter only one couse per line for (o), (b), and (c).]  WAS CAUSED BY:  (b) Acute myelocytic leukemia  DUE TO  which  (c)  SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS  UNDERLYING CAUSE (o)  CAUSE OF DEATH  Month, Doy, Year 20d. INJURY OCCURRED While of work	Center   Bethesda   La   Md   SO25 West Ogden Street	Charles Edward Head September  Charles Edward Head September  Color or RACE 7. MARRIED NEVER MARRIED DIVORCED January 22, 1934 26 / yr.  White WIDOWED DIVORCED January 22, 1934 26 / yr.  Color or done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Louisiana  14. MOTHER'S MAIDEN NAME  Mary Anna Na11  N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address e., give not or dote of service)  SECURITY NO. 17. INFORMANT The Medical Record Address e., give not or dote of service)  Preumonia and pulmonary edema  DUE TO Which (b). Acute myelocytic leukemia  DUE TO (c)  SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF AN AND AND AND AND AND AND AND AND AND	Center, Bethesda   Li, Md.   5025 West Ogden Street	Center   Bethesda   Li   Md   SO25   West Ogden Street   September   Septemb

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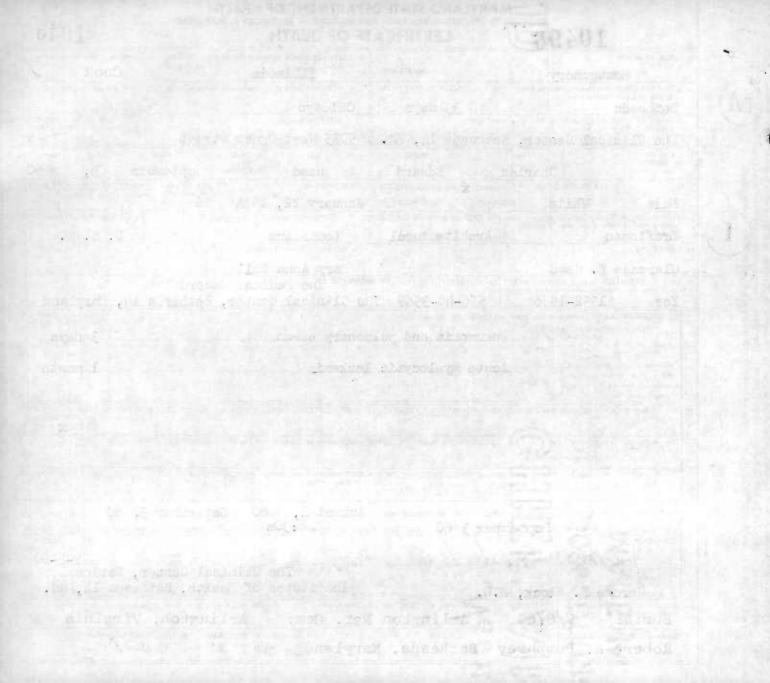
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er death. Page



## AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH/ 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN of autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give rearest tawn) d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION YES NO IN amutaruum NAME OF 4. DATE Middle Year DECEASED (Type ar print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 5. SEX 7. MARRIED MINEVER MARRIED last bir (day) Manths Days Haurs DIVORCED | WIDOWED [ YES. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast a warking life, even if retired) and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address SILVEY 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while p. m. at wark at wark 21. I certify that (1) (this hospital) attended the deceased frams saw the deceased blive on 19 (QD) and that deoth accurred of PM, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED M.D. PHYS. MED. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, tawn, or county) (State)

ARLINGTON NAT'L, CEMETERY

SILVER SPRING, MD.

ARLINGTON. VIRGINIA

25a. REC'D BY REGISTRAR

DATE SEP 1 3 '60

25b. REGISTRAR'S SIGNATURE

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9/8/60

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		10/05		CERTII	FICA'	TE OF	DEATH				11	170	)
) i	place of DEATH o. COUNTY ontgomery	TOTI		MAR	YLAND	- CTATE	residence (Who		d lived. If instituti	on: Reside	nce befor	re admissi	on)
]	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ethesda (Rural)			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington							
ı	d. NAME OF HOSPIT. OR INSTITUTION J. S. NAVAL	AL (If not in hospital, g. Hospital	ive street ac	(dress)			Farragu	t St.	, N.W.				DENCE FARM? NO 🔀
3.	NAME OF DECEASED (Type or print)	Jacqu		Middle Yvette		HILL 4. DATE Mor			ember 26 19 60				
	SEX Female	6. COLOR OR RACE Negro	7. MARRIE	D NEVER MARR		10-	26-49		9. AGE (In years lost birthdoy) 10 yrs.	Months Months	Doys	Hours	R 24 HRS. Min.
10	a. USUAL OCCUPATIO during most of work None	N (Give kind of work ing life, even if retired	done 10b. Ki	ND OF BUSINESS	OR INDUS	TRY 11. BIR1	THPLACE (State of Flori		ountry)		I.S.A		OUNTRY?
13	John L. HI	LL					ER'S MAIDEN N	AME					
	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	ocial security no	). 17. IN (M)	Mrs.	Eva Hil	l, sa	me as #2	abov	e		
		n mediate	Gli	oblastoma	1	tiform	e				ONS	ERVAL BE	DEATH
A CERTIFICATION	Iying couse last.   (c)												
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 of work of wark 12 of wark 15 of wark 16 of wark 17 of wark 18 of wark 19 of wark											(Stote)	
	21. I certify that (I) possession of the deceased from Sept. 9 10 60, to Sept. 26 19 60, that (I) (324) loss saw the deceased alive on Sept. 26 19 60, and that death accurred at 40AM, from the causes and on the date stated above												
	22c. PHYSICIAN'S W. H. DRUCKEMILLER, CAPT, MC, USN NAME (Type)  22c. PHYSICIAN'S W. H. DRUCKEMILLER, CAPT, MC, USN YXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX												
23	BURIAL, CREMATIO		960	23c. NAME OF CEA					TION (City, town, ington	or county)		(State	
		10/3/1		Arlingt	ton N		25a. REC'D		ington TRAR 25b. REGI		Vi	rgi:	

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**CERTIFICATE OF DEATH** 

	100											
1. PLACE OF DEATH		215	MARY		USUAL RESIDENCE	(Where deceased	b. COUNT		e before o	admission)		
MOI	ntgomery		MAKT	LAND	Mary.	land		Montg	omery	7		
RURAL ond give ne	outside corporate limite prest town) thesda	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Gaithersburg									
d. NAME OF HOSPITA	AL (If not in hospital, gi		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
Sul	ourban				Route	e #2			Y	ES NO		
3. NAME OF DECEASED (Type or print)	Firs Walter		Middle Mille:	74	Last H111	4. DATE OF DEATH	Sep	onth	Day	Year 19 60		
S. SEX		7. MARRIED!	NEVER MARRIE	1	ATE OF BIRTH		9. AGE In year	IF UNDER	-	UNDER 24 HRS		
Male		WIDOWED [			10/5/11		lost thiday		Days H	lours Min.		
100. USUAL OCCUPATIO during most of work Auto Sa.	ng life, even if retired)	- 10- 10-1	of Business Of	R INDUSTRY	11. BIRTHPLACE (St Marylan		ountry)		S.A.	HAT COUNTRY?		
13. FATHER'S NAME				1.	. MOTHER'S MALDE	NUNAME						
Wal	ter Hill				Bertie Miller							
IS. WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16. SOC	IAL SECURITY NO.	17. INFOR	MANT		Ac	ddress	B	altimo		
Yes, no, or unknown)	f yes, give wor or dates of se	212	-03-814	Mot	her, Mrs.	Bert1e	मिगा ्र	LePror		Md.		
gove rise to in couse (a), stating the lying couse lost.	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  Conditions, if ony, which gove rise to immediate lost.  (b)  Conditions, if ony, which gove rise to immediate lost.											
CATIC	ER SIGNIFICANT COND	OITIONS CON	TRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION C	GIVEN IN PART	F	WAS AUTOPSY PERFORMED? ES NO V		
	CAUSE OF DEATH	20b. DESCRIBI	E HOW INJURY OF	CCURRED. (E	nter noture of injury	in Part I or Por	t II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of work	Not while of work		OF INJURY (Home, f , street, office bldg.,		or town)	(C	ounty)	(Stote)		
21. I certify that (I) (this hospital) attended the deceased from Sept. 1. 12.00 to Sept. 14, 19.00, that (I) (we) lost sow the deceased alive on 19.00, and that death occurred at PM, from the causes and on the date stated above.												
220. SIGNATURE POLENT LOCAL M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. 14 1965 SIGNED												
22c. PHYSICIAN'S ROBERT N. COALE 4630 heatgomery leve. Betterdo Ind.												
23a. BURIAL, CREMATION REMOVAL (Specify)	Sept.	17, 19			ville Me	th. L	on (city, fowr	ville,	Ma	(Stote)		
4. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			REC'D BY REGIST	RAR 2Sb. RE	GISTRAR'S SIG	NATURE			
Y 1 Amin	H. Barlien	Layto	nsville	. Md.	DATE	SEP 1 0 '6	0		1.			

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how refer death. Page 4 may be resolved by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled withe the State Board of Health priar to burial, cremation, ar remayal, and in ony event, within 72 hours after death. VR A1S (4) 1SM 9/S9

after death. Page 42

2.4.4.1 Tanking of the nerge of the state AL ALL Francisco Arabichticanoful Office to tone Little And the state of t 10499 CERTIFICATE OF DEATH

1 () 4 4 () Reg. Dist. No.

)		PLACE OF DEATH  o. COUNTY  MONTO OMERS  MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	7	b. CITY OR TOWN (If outside corporate limits burite RURAL and give nearest town)	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0	1	d. NAME OF HOSPITAL (If not in pospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS  1102-10th 11 2.E. PESIDENCE ON A FARM? YES NO.PT
	- 1	NAME OF DECEASED (Type or print) JOHN FRANCIS	H	Lost 4. DATE Month Doy Year OF MAN DEATH 9 - 19 1960
	5. 5	Male White WIDOWED DIVORCE	图	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  1-11-07  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	7	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF during most of working life, even if retired)	R INDUS	lub Elashing to D.C. 21. S.a.
	C	Thomas E. Hoffman	100 00	annie a. Helly
	Live	WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 16. TO OR OF THE PORCES. 16. SOCIAL SECURITY NO. 16. SOCIAL S	10	Long o H. Molloman 1102-10 -554 S.E.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate  DUE TO  DUE TO	8	desophogue a metastases Interval Between ONSET AND DEATH
2	CATION	Lying cause lost.   DUE TO	TH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED	D. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. P. m. 19 While Not while of work at work	20e. PLA fac	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) (City or town) (County) (State)
		PHYSICIAN'S DERMENT A. BONIE	18 death	noccurred at 2:15 P. M., fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  T.  Sandy Spring Mid. 9/19/Ces
	1	BURTAD CREMATION, 226. DATE THEREOF 22c. NAME OF CEME 22c. NAME OF CEME 22c. NAME OF CEME 22c. NAME OF CEME	TERY OF	Matt. Com. alington Varcinia
	23.	W. W. Chamber 6. Inc. 517-11	=1	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE SEP 2 8 '60 Cultury & House

after death. Page 4 the funeral director, 2 should be filed with R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves aby the haspital or attending physician. may be record by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITA

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23b. DATE THEREOF

physician may be retained by the

TO FUNERAL DIRECTOR:
page 3 shauld be detact
the State Board of Health

23a. BURIAL, CREMATION.

15M 9/59

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

e. IS RESIDENCE ON A FARM?

Day

Days

Md.

(County)

YES NO

19

Box 13

PERFORMED? YES NO T

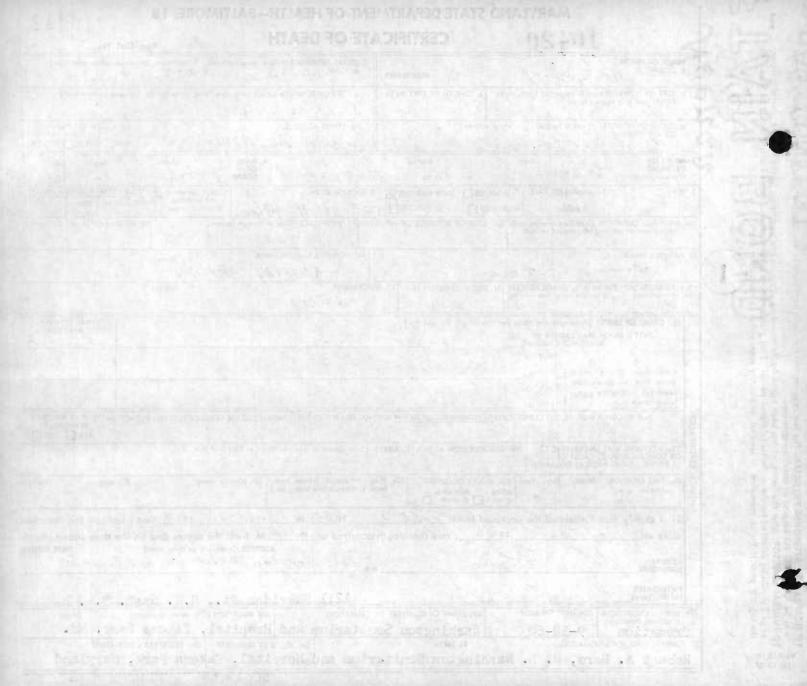
(Stote)

INTERVAL BETWEEN ONSET AND DEATH

Hours

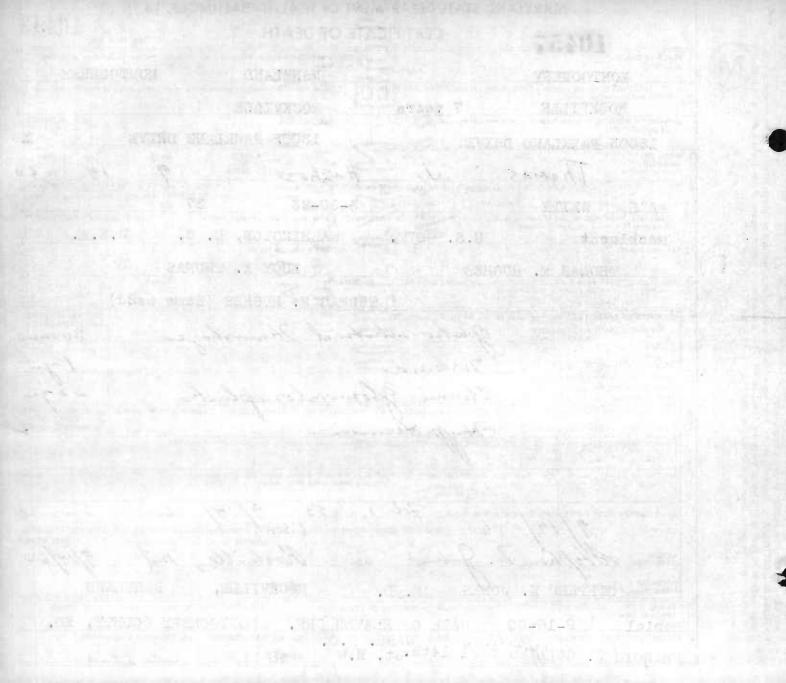
Dano **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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PHYSICIAN: The low requires that the death certificate

ter death. Page

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10501	CERTIFICA	TE OF DEATH					104	44
LACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Montgomery						
CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)								
NAME OF HOSPITAL (If not in hospital, give street or INSULTION Hospital	oddress)	d. STREET ADDRESS	ill	Rd.				DENCE FARM? NO
AME OF First ECEASED Norman La	awrence H	JLL Lost	4. DATE OF DEATH	Sept		2100	y )	rear 60
6. COLOR OR RACE 7. MARR WIDOWE		B. DATE OF BIRTH March 27, 18	90	9. AGE (In years lostybisthdoy) yrs.	Months Months	Days	Haurs	R 24 HRS. Min.
USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) Ret.) Storekeeper	Self Employ		100		12. CI1	US.	A WHATC	OUNTRY
ATHER'S NAME		14. MOTHER'S MAIDEN NA	AME					
Charles Hull		Sarah Rob	erts	5				
WAS DECEASED EVER IN U. S. ARMED FORCES?  16.  (If yes, give war or dates of service)		rs. Preston	Hull	1500 Addr		od	Rd S	SS M
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).		ie hear	t fe	ilua	e		ERVAL BE	
DUE TO	^ 1	4	111/	/		3 30		/

15. ood Rd SS Md INTERVAL BETWEEN Canditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Nat while ot work at wark p. m. 21. I certify that (1) (this hospital) attended the deceased from 19 and that death occurred at GLSM, from the causes and on the date stated above. saw the deceased olive an 22a. SIGNATURE SIGNED ATTENDING PHYS. MED. M.D.

22d. ADDRESS

STAFF PHYS.

23g. BURIAL, CREMATION.

22c. PHYSICIAN'S

NAME (Type)

23b. DATE THEREOF 9/23/60

PATRICK C.

23c. NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

23d. LOCATION (City, town or county) MONTGOMERY

(Stote) COUNTY, MARYLAND

24, FUNERAL DIRECTOR'S SIGNATURE

RNER E . PUMPHREY

JAMESON

ADDRESS SILVER SPRING, MD.

2So. REC'D BY REGISTRAR DATE SEP 2 6 '60

25b. REGISTRAR'S SIGNATURE arthur S. Kroun

A Livery A Clark Control of the Cont war bound in the standard and the way - Land Street, Co. Street, Co. 

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10445

			Reg. Di	st. No.				
1. PLACE OF DEATH O. COUNTY	2	2. USUAL RESIDENCE (Where decear						
Montgomery	MARYLAND	o. STATE Maryland	B. COUNT MOT	ntgomery				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Seneca	3 hours	> Bethesda						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito	l, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
		8601 Irvingt	on Avenue	YES NO TH				
3. NAME OF First	Middle	Lost 4. DATE OF	Month	Day Year				
(Type or print) Thomas		ackson DEATH	September	12 19 60				
5. SEX 6. COLOR OR RACE 7. MARRIED 5	NEVER MARRIED   8. D.	ATE OF BIRTH	9. AGE (In years IF UNDER					
Male White WIDOWED		oril 21, 1901	59 yrs. 1	Days Haurs Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY			ZEN OF WHAT COUNTRY				
during most of working life, even if retired) Lt. Com. MSC ret.		West Virgini	a l	JS				
13. FATHER'S NAME	14	4. MOTHER'S MAIDEN NAME						
Thomas Jackson		Bertha	?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) (If yes, give wor or dates of service)	IAL SECURITY NO. 17. INFO	DRMANT	Address					
	iknown Ma	rgaret Jackson	-wife-same	2d				
18. CAUSE OF DEATH [Enter only one cause per line for (		-34-00 04011001		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY	sudden							
immediate cause (o) Coronary occlusion								
DUE TO								
Conditions, if any, which gove rise to immediate cause (b)								
(o), stoting the underlying DUE TO								
cause last. (c)	NAUTING TO DESCRIPTION			1				
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO DEATH BUT NOT	RELATED TO THE TERMINALDISEAS	CONDITION GIVEN IN PART	PERFORMED?				
5				YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	W INJURY OCCURRED. (Enter	r nature of injury in Port I or Part II	of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of wark [	IRY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City	or town) (Cou	nty) (State)				
Hour a. m. p. m. 19 While of wark	Nat while factory,	, street, office bldg., etc.)						
21. I certify that I took charge of the rem		hald an Autoney 🔲 Je	anastian (Th. In-uta	. [2] [4] [4]				
				, and find tha				
death resulted from: Natural causes 🐹,	Accident [], Suicid	de [], Homicide [], Ui	idetermined cause					
ACTUAL ACTUAL OF B				DATE SIGNED				
SIGNATURE MENTS	what "							
EXAMINER'S	200	ASSISTANT MEDICAL EXAMINE						
NAME (Type) Frank J. Brosci	nart .	DEPUTY MEDICAL EXAMINER	<b>x</b> 9/	12/60				
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CRE	EMATORY 22d. LOCA	ION (City, town, or county)	(State)				
Burial 9/14/60 An	clington Nat	. Cem. Ar	ington, Virg	inia				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIST	RAR 24b. REGISTRAR'S SIG					
Robert A. Pumphrey Bet	thesda, Maryl	and DATSEP 14'60	Circles & to	Gard				

VS. A15ME(5) 5M 9/55

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNT b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington Chevy Chase d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION . ON A FARM? YES NO NAME OF 4. DATE Middle 60 September DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years S. SEX last birthday) Months Doys Hours WIDOWED M DIVORCED | 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) tousew. 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 6 Conn. ave No None INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 48 hrs. DEATH WAS CAUSED BY: Acute Heart Failure IMMEDIATE CAUSE (o) DUE TO Acute Respiratory xxix Fkailure 48 hrs Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. (c) Hyprerpyrexia WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Stote Year (County) factory, street, affice bldg., etc.) Hour a.m. While Not while ot work at wark 21. I certify that (I) (this haspital) attended the deceased fram Sep , that (1) (we) last and that death accurred at 7:000 from the causes and an the date stated above. saw the deceased alive on Sep 6 22a. SIGNATURE September 9, 1960 ATTENDING K a DIRECTOR w 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Robert T. Thibadeau, M.D. 10609 Concord St., Kensington, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Glenwood Cemetery Washington, D. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR Bethesda. Maryland Robert A. Pumphrey DATESEP 1 4 '60 arthur & Kraud

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# TICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaasad lived, If institution: Rasidanca before admission) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporale limits, write RURAL arast lown) director. d. NAME OF HOSPIT AL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME O Middla DECEASED OF (Type or print) DEATH 19 60 OR RACE 7. MARRIED NEVER MARRIED AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 100 USUAL OCCUPATION (Give kind of work date during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yas giva war or datas of servica) 18. CAUSE OF DEATH [Enter only one cause pag line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Office Conditions, if any, which (b) gave rise to immadiata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20f. (Cily or town) (County) (Stata) factory, streat, offica bldg., alc.) While Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry X and in my opinion O death resulted from: Natural causes Accident Suicide Homicide Undetermined manner slease execute the cerit should be forwarded by FUNERAL DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Washington Hebrew Long, Cem. Washington ₫40 g 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kraus DATE SEP 8 5M 7/59

STATE DEPARTMENT OF HEA

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12. CITIZEN OF WHAT COUNTRY?

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INTERVAL BETWEEN ONSET AND DEATH

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WAS AUTOPSY PERFORMED?

YES TO NO

September 20.196

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Same as INTERVAL BETWEEN ONSET AND DEATH KLA. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 14 (County) (Stote) 1900, that I last saw the deceased M, from the causes and on the date stated above DATE SIGNED should 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY. aEpd (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chilling S. Haus SEP

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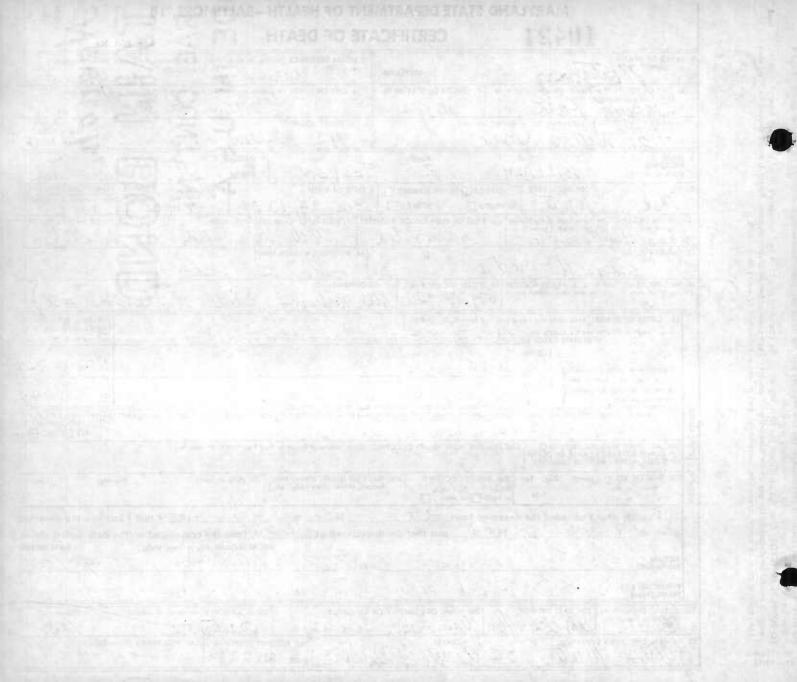
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12. CITIZEN OF WHAT COUNTRY

ON A FARM? YES NO THE

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VS A15 (4) 15M 10/57



# MARYLAND STATE DEPARTMENT OF HEALTH 104 9000 OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. COUNTY 5. STATE 6. COUNTY
(W)	MONTGOMERY MARYLAND MARYLAND B. COUNTY NCE GEORGE
e d	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
PI	Takoma PARK 5 days Hyattsville
a par	d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE.
010	Washington Sanitarium + Hosp 7301 232 Que hewisdale YES NOW
and	3. NAME OF First Middle Last 4. DATE Manth Day Year
ath.	OF DECEASED (Type or print) Marshall Device Johns OF 22 1962
de de	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs Min
fer s	Male White WIDOWED DIVORCED 8-22-99 last birthday) Months Days Haurs Min.
aper Is o	10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY
hau hau	during most of warking life, even if retired)  CARPENTER Building New YORK HMER
72	13. FATHER'S NAME
thin thin	Chaples Iphus Inve Paule
w.t.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
e rer	(Yes, no, or unknown) (If yes, give war or dates of service) HOSPITAL RECORDS Takoma REK ME
S & S	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]  INTERVAL SETWEEN ONSET AND DEATH
G . S	PART I. DEATH WAS CAUSED BY: LANGUAGE CAUSE CONTRACTOR
T E	587. O DUE TO
g :- 'g	Conditions, of ony, which ) (b)
a de la de	gave rise to immediate Dus TO
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ofial-t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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ouricerri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while p. m. 19 at work
ta use	Hour o. m.  While Nat while tactary, street, office bldg., etc.)  p. m. 19 at work at wark
d for	21. I certify that (1) (this hospital) attended the deceased from alice 17 1960, to Sept 22, 1960, that (1) (we) las
the chec	saw the deceased alive an 2 2 1960, and that death occurred at 4 2M, from the causes and an the date stated above
e de la constant de l	22a. SIGN/ATURE 22b. DATE
of o	M.D. ATTENDING MED. STAFF SIGNER
P P P P P P P P P P P P P P P P P P P	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS
should be be	HUAGNE GLICKFIELD MD 6826 FIGGS Rd GYATTVILLE MA
Stat Stat	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. ACCATION (City, 19wn, or county) (State)
the the	19-26-60 Cine, Mar Com Une Ca.
	24 AUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
5 (4) /59	hee Tunesal Horac 300-4ch St. M.E. D. C. DATESEP 26'60 Outloop & Know
	(*) page 3 shouth the State Boo

And the second of the second o E 9 26 60 Part Tay Com 2 date 

# FOR STATE HEALTH DEPT. TO DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it pecassary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the fundirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained or your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/37 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10451

10504 MEDI	CAL EXAMINER'S	CERTIFICA	IE OF DEA		g, Dist. No	ò.				
F. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived.	If institution: R	esidence be	fore admission	)			
o. COUNTY Montgomery	MARYLAND	o. STATE Virg	inia b.	COUNTYAT	lingt	con	1			
b. CITY OR TOWN 1st outside corporate limits, write RURA and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limit	s, write RURAL	and give r	neorest town)				
Brookmont	DOA	Arlingt	on	10	23	-3				
d. NAME OF HOSPITAL OR INSTITUTION (If not	in haspital, give street address)	d. STREET ADDRESS				e. IS RESIDE				
Little Falls - Poto	mac River	1310 N.	Courthous	e Roa	d	YES N				
3. NAME OF First	Middle	Lost	4. DATE	Month	Doy	Yeor				
(Type or print) IRELAND	JO	HNSON		pt	18	19 6	0			
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED   B	DATE OF BIRTH	9. AGE (In last birth	land .	DER TYEAR	-				
Male White WID	DOWED DIVORCED	20 Jan 192	28 32	yrs. Mont	hs Days	Hours Mir	Α.			
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12.	CITIZEN O	F WHAT COU	JNTRY			
Sgt US Army	Soldier	West Vi	rginia	1	U. S.	A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	- 17						
Clyde Johnson		Mina Har	vey							
15. WAS DECEASED EVER IN U. S. ARMED FORCES! [Yes, no, or unknown]  1 (If yes, give war or dates of service		VFORMANT		Address						
yes active dut	y234-42-3365 E	mma Johnso	n - Arlin	gton,	Virg	inia				
18. CAUSE OF DEATH [Enter anly one cause pe	r line for (o), (b), and (c).]				INTE	RVAL BETWEEN ET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	St	Sudden								
S O X DUE TO										
Conditions, if any, which) (b) I	rowning									
gave rise to immediate cause ( (a), stating the underlying (DUE TO	gave rise to immediate cause									
cause last. (c)										
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN	PART 1(a)	9. WAS AUTO				
3		·				YES NO	DE			
PART II. OTHER SIGNIFICANT CONDITION  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Par	t I or Fart II of item 18	.)						
	oat over turne									
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	ary, street, office bldg., etc	.)		(County)	(5)	lole)			
7:00 p.m. 9/18 19 60	of work of work & Pot	omac River	Brookmo	nt, Mo	ntgor	nery, M	id.			
21. I certify that I took charge af	the remains described aba	ve, held an Autaps	y 🔲, Inspectia	n 💢, Ind	quiry 🔀	, and in	ı my			
apinian death resulted fram: Natu	ural causes 🔲, Accident	X), Suicide [],	Hamicide [], L	Indetermine	ed mann	er 🗌				
1	DATE SIGNED									
SIGNATURE START A "	Inonhant	_M.D. CHIEF MEDICAL E	XAMINER [			DATE STORY				
EXAMINER'S Frank J Bro	schart	ASSISTANT MEDIC	AL EXAMINER			9/20/	60			
NAME (Type)		DEPUTY MEDICAL	EXAMINER M			7/20/	00			
220. BURIAL, CREMATION 27b. DATE THEREOF	22c. NAME OF CEMETERY OR	1	22d. HOCATION (City	town, or cou	nty)	(Stote)				
WPT. 23 1960 NURIAL		ATIONAL	HELING!	ON VA	4.					
23. SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR 24	b. REGISTRAR'	S SIGNATU	RE				
TINALDI TIMERAL HAME	46 TIST. NE.	CC 2 DATE S	EP 2 3 '60	Calling	. 0 4					

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CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

19 Days

10452

District of Columbia

Washington

d. STREET ADDRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

e. IS RESIDENCE

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PLACE OF DEATH

o. COUNTY Montgomery

OR INSTITUTION

RURAL ond give negrest town)
Bethesda (Rural

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If nat in haspital, give street address)

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DIRECTOR 3 poge the Sto 0

U.S. Naval Hospital YES NO V 3700Mass Ave, NW NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH MILDRED (Type or print) TABB **JOHNSON** September 19 60 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Female Caucasian WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warner Lewis Tabb Minnie Weedon 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Addres Washington DC Richard F.J. Johnson Jr. 3700 Mass Ave NW None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. While Not while at wark ot work p. m. 1.ta 9-4-8-16 060 1960, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram.\_\_ 19 60, and that death accurred at 6: WAMem the causes and an the date stated above. saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 9-4-60 M.D. PHYS. 22c. PHYSICAN 22d. ADDRESS NAVAA HOSPITAL, BETHESDA, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) BUTTA (Specify) Arlington National Arlington, Virginia 24. FUNERAL DIRECTOR'S SIGNATURE 24 ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Cilling & Kraus Joseph Grawler &sons, 1756 Penn. Ave. NW Washington, DC

VR A15 (4) 1SM 9/S9

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 USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
 a. STATE
 b. COUNTY b. COUNTY

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Pennsylvania

b. CITY OR TOWN (If outside corporate limits, write

MARYLAND

c. LENGTH OF STAY IN 16

PLACE OF DEATH

Montgomery

funeral directar,

er deoth. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be VR A1S 1SM 9/

_	Bethesda (Rural) 9 days	Lancaster	KX -3
51	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENC
	U.S. Naval Hospital, Bethesda, Md	48 S. Water Street	YES NO
	- VIII	Lost 4. DATE Month OF DEATH SEPTEMBE	
	5. SEX  6. COLOR OR RACE  7. MARRIED T NEVER MARRIED   WIDOWED   DIVORCED	last birthday) Manths	ER I YEAR IF UNDER 24 Days Haurs A
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	5 - 12 34 26 yrs.  USTRY 11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT COUN
	during mast af warking life, even if retired) Housewife	Virginia	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Rosser CALVIN	Bazzle TRACY	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (If yes, give wor or dates of service)	INFORMANT Address	
	No 228-38-3273	Hospital records	
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	- 0	ONSET AND DEA
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Careline Fra	elecre	
	DUE TO TO TO		100000
300	Canditians, if any which gave rise to immediate (b) huttaf Slavou	sis con Dresafreeway	
- 1	cause (a), stating the under-		
	lying cause last. (c) A faller of the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(a) 19. WAS AUTO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORME YESUT NO
2	TO ACCIDENT WAS LINDERWING TO JOH DESCRIPE HOW INTURY OCCURRE	RED. (Enter nature of injury in Part I or Part II of item 18.)	A-A
	OR CONTRIBUTING   CAUSE OF DEATH   200. DESCRIBE HOW INJURY OCCURR   UT   (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		PLACE OF INJURY (Hame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)	(Caunty) (
	Hour a.m.  P. m.  19 While Nat while at wark at wark	ractory, street, affice biag., etc.)	
	21. I certify that (1) (this haspital) attended the deceased fram	9-1- 19 60 to 9-9- 19	60, that (I) (we)
-	saw the deceased alive an 9-9- 1960, and that	death accurred at 10:08 PMm the causes and an t	he date stated ab
	22a. SIGNATURE		22b. D.
	Rosest ( laure	M.D. ATTENDING MED. STAFF PHYS. 9-	10-60
	Zc. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Robert C. THOMAS, LT, MC, USN	U.S. Naval Hospital, Bethes	da, Md.
49.1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		,
300	Burist 9-10-00 Resolven		
	24. PUDERAL DIRECTOR'S STEWNINGSTUP JAPORESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	R.A. Pumphrey, 7557 Wisconsin Ave., Beth	esda. Md. DATE 13'60	

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Horore C. Clow S. 13, 18, 181 H.S. Hoyal Hourises, Mas asan, 400-6

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10454

IUSU7 Item	2 FilmC273	10-20-60 -+	ATE OF D		Reg. Dist. No	o.	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE  o. STATE Mary	(Where deceased li		Residence be	hery	ission
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)  Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	121111	e limits, write RUI		neorest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Suburban Hospit		d. STREET ADDRESS	5425 Cor		ng Hom		ESIDENC A FARM
3. NAME OF DECEASED (Type or print) Bertha Yo	Middle ounger	Keller	4. DATE OF DEATH	Month 9	Day 6		7eor 60
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE	D NEVER MARRIED D	8. DATE OF BIRTH 7/25/1885		at heathedness	UNDER TYEAR		Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. k during most of working life, even if retired) RELIFED PBX Operator	m 1 1	STRY 11. BIRTHPLACE (Sto	e Maryla		12. CITIZEN O	F WHAT	COUNTR
13. FATHER'S NAME  George Youn	ger	14. MOTHER'S MAIDEN Virgin	NAME Dia Wrigh	t			
	578-44-8125	mformant rs. Marjorie	G. Matth	Address ews. 11.	905 Da	lewo	od Di
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Sho	for (a), (b), and (c).]			r Spring		RVAL BETW ET AND DE	
gove rise to immediale couse!	% 3rd degree 1	ourns involvi	ng neck,	chest & a	arms	15½	days
(a), stating the underlying DUE TO couse lost.  (c)  PART II, OTHER SIGNIFICANT CONDITIONS CO	DATERITING TO DEATH BUT	NOT BELATED TO THE 150	WIND DISEASE CO	AND MOUTION			
PART II, OTHER SIGNIFICANT CONDITIONS CO	THE DEATH BUT	NOT KELATED TO THE TEX	MINALDISEASE CO	NUMBER SIVEN			NO TO

CERTIFI

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Clothes caught afire while lighting cigarette with lighter Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY

loctory, street, office bldg., etc.)
Nursing Home at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection

Kensington Montg Md. Inquiry 🖃 and in my

(State)

opinion death resulted fram: Natural causes . Accident , Suicide . Hamicide . Undetermined manner DATE SIGNED

ACTUAL EXAMINER'S NAME (Type)

Frank J. Broschart

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

9/6/60

MEDICAL

220. BURIAL CREMATION, 226. DATE THEREOF 9/9/60

22c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY 22d. LOCATION (City, fown, or county) GEO. COUNTY, MARYLAND

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS SILVER SPRING, MD.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE a. Ilun & Kraus

VS. A15ME SM 2/57

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10456

4		10	010		CERTI	FICAT	E OF DEA	TH	
M	1. F	LACE OF DEATH COUNTY Montgomer	·V		MAR	YLAND	2. USUAL RESIDEN o. STATE Marvla		d lived.
	t		f outside corporate lin	its, write	c. LENGTH OF STA	Y IN 1b		/N (If outside corpo	prote lim
		Bethesda			239 day	vs -	6 Kensin	gton	
050	(	OR INSTITUTION	AL (If not in hospital,	give stree	oddress)		d. STREET ADD	RESS	
200		The Clini			thesda 11,	Md.	3403 U	niversity	Bo
	1	IAME OF DECEASED Type or print)	F	eris	Jackson		losi (irkland.	4. DATE OF DEATH	
	5. 9	EX			RIED NEVER MARK		DATE OF BIRTH	01.4	9. AG
-13		Male	White	WIDOV		-	June 15.	1955	lost
	10a	USUAL OCCUPATION		done 10b	. KIND OF BUSINESS	OR INDUST		(State or foreign o	country)
		Child			None			Florida	n
	13.	FATHER'S NAME					14. MOTHER'S MA	IDEN NAME	
3		Harris J	. Kirkland	Sr.			Edna M	. Temple:	3
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16	SOCIAL SECURITY N	0. 17. INF	ormant The	Medical 1	Reco
		No			None		Clinica	1 Center	Be
					ine for (o), (b), and (c)				
10.11		PARI I. DEA	TH WAS CAUSED BY:	°) BTe	eding diat	hesis			
		eco.4.	DUE TO						
		Conditions, if o		b)_Thr	ombocytope	nia		1000	
		couse (o), stoting	The under- DUE T	_					
1.0	7	lying couse lost.			te lymphoc				
	TION	PART II. OTH	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO TH	E TERMINAL DISEAS	SE CON
7	FICATI	20- ACCIDENT MI	AC LINIDERIVING TO	Tool DE	CORE HOW IN HURY	OCCURRED	(F-1	in Deat Las Pa	et II of
0	CERTIFI	OR CONTRIBUTING	MEDICAL EXAMINER	200. DE	SCRIBE HOW INJURY	J.	(Enter noture of in	jury in Port I of Po	11 11 01
	CALC	20c. TIME OF INJUR		204	INJURY OCCURRED	20a PI A C	CE OF INJURY (Hom	ne, form, 20f. (Cit	hu as ta
	MEDIC	Hour o. m.	19	While	Not while_		ory, street, office blo		y 01 10
	×	p. m.			ork ot work	7	3-	(0)	
					ded the deceased				
-		saw the decease 220. SIGNATURE	yed alive and and	cempe	r 10960, and	d that de	eath accurred o	1 LUSANT From	the d
300		A. SIONAL	apkin 1	KK	astrinal	) "	D. PHYS.	MED.	ST/
		22c. PHYSICIAN'S	00/00000 /	1/1	purcorrac	741		linical (	
		NAME (Type)	Haskins K	. Kas	hima, M.D.			th. Beth	
	23a	BURIAL CREMATIC	N, 23b. DATE THERE	QF	23c. NAME OF CE	METERY OR		23d. LOC/	
	5	HIPPER	. 9-12-	60				MU	LB
	24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25	a. REC'D BY REGIS	TRAR
	C	HAMBERS -	FUNERALHO	ME	1400 CHAY	AN ST.	WASH, D.C. DI	SEP 1 9	60

If institution: Residence before admission) . COUNTY nits, write RURAL and give nearest town) e. IS RESIDENCE YES NO Month Year 19 60 September 10 E (In yeors birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys y rs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address rd thesda 1h Maryland INTERVAL BETWEEN ONSET AND DEATH months 2 years DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO tem 18.) (County) (Stote) ember 109 60 that (+ (we) lost causes and on the date stated obove. 22b. DATE SIGNED er, National Institutes 11 Maryland City, town, or county) (Stote) 25b. REGISTRAR'S SIGNATURE arthur S. Kraus

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

VR A15 (4) 1SM 9/S9

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Jugardo Lindant, dr.		
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20402 CERTIFICATE OF DEATH	
PLACE OF DEATH  o. COUNTY  MONTGOMERY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be of STATE  b. COUNTY  b. COUNTY  MARYLAND	ERY
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAL and give nearest town)  SILVER SRRING	nearest 16wn)
d. NAME OF HOSPITAL (If not in hospital Give street oddress)  R INSTITUTION  ARKER AVENUE  2805 PARKER AVENUE	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MARY ELIZABETH KURTZ 4. DATE OF DEATH SEPT. 17	Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  FEMALE WHITE WIDOWED   DIVORCED   JUNE 13, 1916   44 yrs.    Months Day	AR IF UNDER 24 HR
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE Own Home NONE MARYLAND  12. CITIZEN  MARYLAND	S. A.
3. FATHER'S NAME.  DAVID HUMBERSON LONA FRIEND	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  ANDREW A. KURTZ (HUSBAND)	SAME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OCCLUSION	NTERVAL BETWEEN NSET AND DEATH
Conditions, if ony, which) (b) RHEUMATIC HEART DISEASE	20 yrs
gove rise to immediate couse (a), stating the under-lying couse last.  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCCURRED While of work of work 19 20d. INJURY (Home, form, foctory, street, office bldg., etc.)	ty) (Stot
21. I certify that (I) (this haspital) attended the deceased from JUNE 1960 to SEPTIT, 1960 sow the deceased alive on AUG, 24-1965 and that death occurred at 3AM, from the causes and on the deceased alive on AUG, 24-1965 and that death occurred at 3AM, from the causes and on the deceased alive on AUG, 24-1965 and that death occurred at 3AM.	
220. SIGNATURE RELIGION RED. STAFF PHYS. DIRECTOR DIRECTO	22b. DATE SIGNE /17/60
22c. PHYSICIAN'S  12c. PHYSICIAN'S  11502 GRANDVIEW AUE,	WHEATE
23c. BURIAL CREMATION, REMOVAL (Specify)  Burial  23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  Burial  23c. NAME OF CEMETERY OR CREMATORY  Bloomingrose Methodist Church Cem., Friendsville	(Stote)
Burial Sept. 21, 1960 Bloomingrose Methodist Church Cem., Friendsville 25. REC'D By REGISTRAR'S SIGNA  LICENSPORT FOR STORY AND STORY AN	TURE

TO HOSPITA RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homes be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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in by the funeral director, and 2 shauld be filed with

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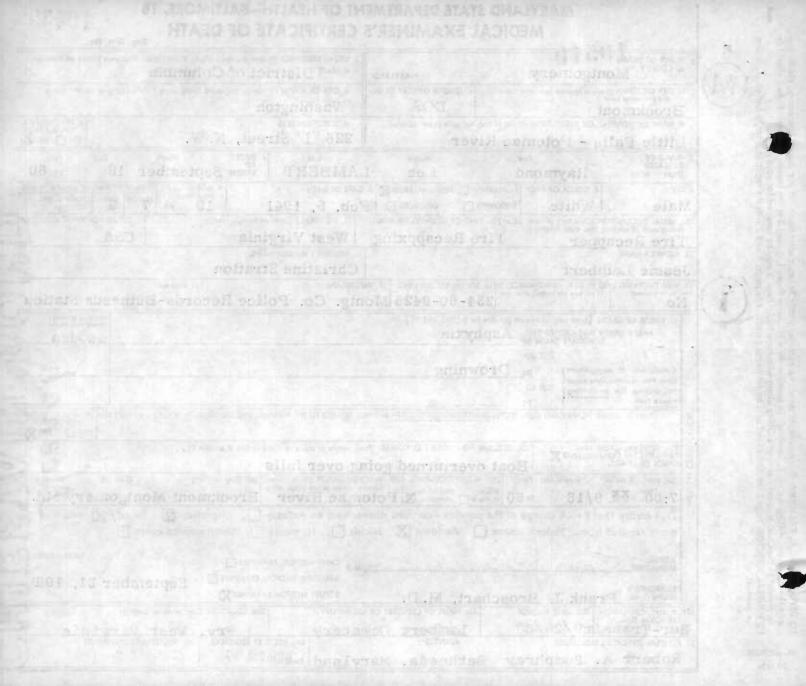
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(Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# **CERTIFICATE OF DEATH**

Rea Dist No

					Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Montge	omery	MARYLAND	2. USUAL RESIDENCE (W o. STATE New Je	L COUNT	ution: Residence before odmissian) TY
b. CITY OR TOWN RURAL ond give Bethe:		write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		RURAL ond give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The C	<u>linical Cente</u>	r	208 Sou	uth Street	YES NO
3. NAME OF DECEASED (Type or print)	First Carol	Middle .e Ann	Lane	OF	onth Day Year Cember 20 1960
S. SEX	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	
Female	White w	IDOWED DIVORCED	November 18,	1936 lost birthdoy)	
Oa. USUAL OCCUPAT	ION (Give kind of work dan	e 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
House	rking life, even if retired)	None	New York	c	U.S.A.
3. FATHER'S NAME	Totals V	1 102.0	14. MOTHER'S MAIDEN		
Frank C	อไทรก		Vera Giov	zannt.t.i	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO.		edical Record	ddress
(Yes, no, or unknown)	(If yes, give wor or dates of service				
	ATM Tentas columns		ie offilicat ce	be these	da 14, Maryland
		per line for (a), (b), and (c).	and amment		ONSET AND DEATH
11111111111		Cardiac arrhythmia			3 hours
1410	DUE TO ]	Rheumatic Heart di	isease with m	itral stenosi:	S
Conditions, if	ony, which ) (b)	and insufficiency			years
gove rise to couse (D), stoting					- y // / //
lying couse lost					
PART II. OT	THER SIGNIFICANT CONDIT	IONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERM	iinal disease condition g	SIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES 🔼 NO
	AS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II af item 18.)	
20c. TIME OF INJU Haur a. m. p. m.		20d. INJURY OCCURRED 20e. PL While Not while fo ot wark ot work	ACE OF INJURY (Hame, fare ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (Sta
actual signature Physician's NAME (Type)	tember 20,	Talket	accurred at 12:25	M, fram the causes of ADDRESS (Street, city or town cal Center, Na	and an the date stated abar n, stote) DATE SIGN
3ur - transi	ON, 22b. DATE THEREOF 9/21/60	22c. NAME OF CEMETERY OF Flower Hill		22d. LOCATION (City, town Bergen	New Jersey
3. FUNERAL DIRECTOR Robert A.		Bethesda, Maryl	and 240. REC		GISTRAR'S SIGNATURE within S. Kraus

TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har effect death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 perms after death.

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-	Principal College (1977)		The market store (1)	an'
arrive E	de la inte G. Centery, Cether et la and arresp			4
	nlasuers in the diffe entents			1 Co.
			C. A. SHARRAGE AND S. C.	
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ityph alf speed	Latintia of verify, in	ه ه و آ	edict comey	
Yearob well	Cemetery Bergen	Flower Hill	Bur-Granait 8/21/60	
	bnat	Setheada, Mary	e reculquiri. A trocore	

25a. REC'D BY REGISTRAR

SFP 26 '60

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

nucl

PERFORMED? YES X NO

(Stote)

22b. DATE SIGNED

(Stote)

Vieginia

25b. REGISTRAR'S SIGNATURE

arthur & Kames

Doys

U.S.A.

(County)

ON A FARM?

YES NO TO

Year

19 60

Page director

death.

certificate

death

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DIRECTOR: a p FUNERAL page the St

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY b. Prince George MARYLAND Montgomery CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural 13 days Forest Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 434 Quade Street U. S. Naval Hospital NAME OF 4. DATE First Middle Lost Month DECEASED OF LANHAM (Type or print) Robert Manuel DEATH September 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Male Caucasian DIVORCED [ 6-29-20 اكملا WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. Navy Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus L. LANHAM Dettie E. MANUEL 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 400-18-8222 Yes to Mrs. Marion R. Lanham. same as #2 above 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 19 60, to Sept. 22 19 60, that (1) (xxx) last 45 AM, from the causes and an the date stated above. 19 60, that (1) (100 last 21. I certify that (I) prospection attended the deceased fram Sept. saw the deceased alive an Sept. 22, 1960, and that death accurred at 22o. SIGNATURE MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) U. S. Naval Hospital, Bethesda, Md. D. HOOFER, LT, MC, USN 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Arlington Buria Arlington National

**ADDRESS** 

1661 Good Hope Rd, SE, WashDC

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE 3240

Lav Lyan Lawie . a. .

Mary Zant Printer City 200

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- Calachar Santa 

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Simone (1991, 1981, 9836 None Ed. St. Sandari

IS RESIDENCE ON A FARM?

YES NO DO

Hours

INTERVAL BETWEEN

PERFORMED? YES NO

(State)

Virginia

(State)

Days

USA

(County)

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

Arlington

25a. REC'D BY REGISTRAR

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery o. STATE Virginia b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) RURAL and give negrest town) Bethesda (Rural) 40 days Alexandria d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital 805 Chalfonte Drive NAME OF Middle 4. DATE Manth DECEASED Samuel Edwin LATIMER September (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Caucasian Manths Male 5-11-02 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. Navv U. S. Navv District of Columbia 3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence E. LATIMER Elisabeth SMITH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mary K. LATIMER, 805 Chalfonte Dr., Alexandria, Va. Unknown 1924 to 1953 Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20g. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, office bldg., etc.) a. m. While Nat while at wark at work p. m. 19 60, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.... 19 60, and that death accurred at 4:50 PMm the causes and on the date stated above 22n. SIGNATURE M.D. PHYS. MED. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. NAVAL HOSPITAL, Bethesda, Md. .LCDR.MC. USN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10463 10514 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE-(Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND COMPRU DN b. CITY OR TOWN (If outside corporale limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) MONITS shauld NOP d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO OMENA puo NAME OF First 4. DATE Middle Lost Month Day Year DECEASED DEATH (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Oct. lost birthday) Months Days Hours DIVORCED | WIDOWED enale 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME L 8 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address AGATHA UNAVAILABLE ease 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while ot work of work p. m. 1960 that I last saw the deceased 21. I certify that I attended the deceased from the and that death occurred at 33 2.7M, fram the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL ed SIGNATUR should PHYSICIAN'S ucherer NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 24a. RECOUNT REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 (4) 6 DATE 15M 9/55

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25g. REC'D BY REGISTRAR

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25b. REGISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	g. COUNTY A A	deceased lived. If institution: Residence befare admission)	_
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	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside RURAL and give nearest town)  Takovna Zark	le corporate limits, write RURAL and give nearest town)	3
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington Sanitarium + Hospital 6633 Ba	Thaby St. N.W YES NO	
	DECEASED	DATE Month Day Year OF DEATH Sep 16 196	0
1	5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  WIDOWED  DIVORCED  5-5-9	9. AGE (in years of IF UNDER 1 YEAR IF UNDER 24 HI Anoths Days Hours Min	
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	15. WAS DECEASED EVER IN U. S. ARMED FORCES?    Yes, no, or unknown)     If yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17, INFORMANT	Address	
	yes Hospital Repords	<u> </u>	_
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN	1
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	saw the deceased alive an Se Dt. 12 19 60 and that depth accurred at 20M.	from the causes and an the date stated above	e.
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	Lynwood Heige's 6940 Piney	Branch R., N.W., Wash, D.	3.
		I. LOCATION (City, town, or county) (State)	
	Cremation 9/20/60 Ft. Lincoln Crematory	Pr. Geo. Co., Maryland	
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash , DC 250. REC'D BY	REGISTRAR 25b. REGISTRAR'S SIGNATURE	_
	The S.H. Hines Co., 2901 14th St. N.W., DATE SEF	20'60 arthur S. Kraus	

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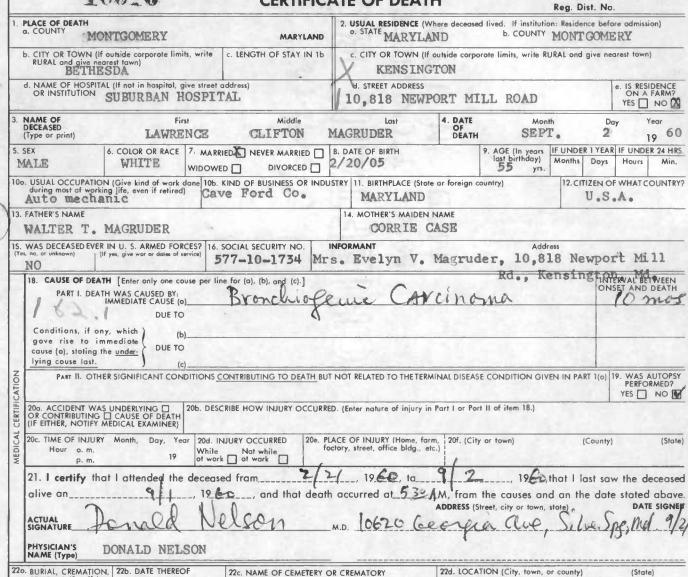
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDI PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if our de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitat, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF (Type or print) 1960 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratirad) 13. FATHER'S NAME (Yas, no, or unkown) | (If yas giva war or datas of servica) 1B. CAUSE OF DEATH [Entar only ona cause par lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Overturning 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) White Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection death resulted from: Natural causes Suicide Accident / Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION | 22b. 22c. ANAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 040 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S-SIGNATURE VS. A15ME 5M 7/59

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24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD. 24g. REC'D 8Y REGISTRAR '60 SEP 7 arthur & House DATE

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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4 TANDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporale limits, write RURAL end give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give near st town) director. your do of d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give figet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED (Type or print) DEATH 19 8. DATE OF BIRTH AGE (In year IF UNDER 1 YEAR last birthday) Months | Days IF UNDER 24 HRS 7. MARRIED NEVER MARRIED тау Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stat 12. CITIZEN OF WHAT COUNTRY? dine during most of working life, even if retired) 13. FATHER'S NAME AIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFOR (Yes, no, or unkown) | (If yes give wer or detes of service 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Examiner 300 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO M plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL Month, Day, Year. 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) Hour a.m. While Not While at work al work OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion please execute the certificate should be forwarded to FUNERAL DIRECTOR death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town,-or country) (State) REMOVAL (Specify) 940 Washington, D.C. Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Cather & Kraus 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10405 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND NTGOMER b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If potside corporate limits, write RURAL and give nearest town) **PURAL** and give nearest town) . OPRING d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO 3. NAME OF 4. DATE First Middle Month Day Year DECEASED OF (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days DIVORCED T WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11-BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address LESAPIANE ST. SI. SA 02 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond; (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Afrilder. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19-WAS AUTOPSY PERFORMEDS YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram that I last saw the deceased alive an and that death accurred at/O Z-SAM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLAND	CTATE		ere deceased lvania	l lived. If institution b. COUNTY		e before	V
	b. CITY OR TOWN (If RURAL ond give ned Beth	arest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Upper Darby						st town)
	d. NAME OF HOSPITA OR INSTITUTION The Cli	AL (If not in hospitol, g		oddress)	ON A FAR						IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print)	Will		Middle Oscar	Marrin,		4. DATE OF DEATH	Septen		Doy 13,	Year 19 60
5.	Male	6. COLOR OR RACE White	7. MARR	D DIVORCED	8. DATE OF BIRTH		_	9. AGE (In years lost birthday) 42 yrs.	Months Months	-	Hours Min.
	Commercial	N (Give kind of work on the life, eyen if retired Artist	)	KIND OF BUSINESS OR INC rinting	Penn	sylva	nia	ountry)	12. CITI.		S.A.
13.	FATHER'S NAME William	O. Marrin			14. MOTHER'S Bert	ha Si					
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	/D 70 /070	he Clinic					Mary.	land
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CERTIFICATION		S UNDERLYING   CAUSE OF DEATH		CRIBE HOW INJURY OCCUR			1 /4				PERFORMED?
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	21. I certify that saw the decease 220. SIGNATURE	ed alive an Sep	t. 13	ed the deceased from 1960, and that willow him.	M.D. ATTENDING PHYS. 22d. ADDRI	oi3:0	RECTOR Cain	STAFF KD LCal Cent	ter, N	date s	22b. DATE 9/11/6
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH o. COUNTY Montgomery				MARYLAND	11 0	USUAL RESIDENCE (W. STATE Pennsylvani		d lived. If institu b. COUNT	Y	nce befo		sion)
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	d. NAME OF HOSPITA OR INSTITUTION The Clinic				ll. Md.	(	No street	addres	(8)				SIDENCE A FARM? NO
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5.	SEX	6. COLOR OR RACE		RIED T NEVE	R MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS
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(10	No (I	f yes, give war ar dates of s		208-07			Clinical C			la Th	Ma	ryla	nd
	18. CAUSE OF DEAT	H [Enter only ane ca						011001	2001	44 14	INT	ERVAL BE	ETWEEN
	PART I. DEAT	H WAS CAUSED 8Y:	Pa	ncytop	enia							nkno	DEATH
NO	Conditions, if on gove rise to im couse (o), stoting Il lying cause lost.  Part II. OTHI	mediate DUE TO	Me		ic Carci		RELATED TO THE TERM	IINAL DISEAS	E CONDITION G	VEN IN PAI		nkno	AUTOPSY
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING [7]	20b. DESC	CRIBE HOW	INJURY OCCURR	FD (Fr	nter nature of injury in	Port I or Port	t II of item 18.)			YES X	NO [
	OR CONTRIBUTING	CAUSE OF DEATH	240. D23.	CRIDE TIOTT	TOOK! OCCORN	. ,	nar nature of injury in						
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yee	While at war	NJURY OCCU Not wh k at work	ile fo	LACE (	OF INJURY (Home, farr street, office bldg., etc	m, 20f. (City	or town)	(	(County)		(State)
	21. I certify that saw the decease 22a. SIGNATURE	(I) (this haspitaled alive an Set	) attend otemb	led the de er219 6	ceased fram. O, and that	Au death	igust 23 19	60 ta 2 M, fram	September the causes a	or 296	O, the	stated	(we) last d abave.
	Edu	and	2	m	Orze	M.D.		NED.	STAFF PHYS. K			9-3-	SIGNED
	22c. PHYSICIAN'S NAME (Type)	EDWARD E	. MOR	SE. M	1.D.		22d. ADDRESS The	Clini	cal Cen	ter, N	Vati	onal	.3
234	BURIAL, CREMATION				OF CEMETERY	OR CRE	Institutes		TION (City, town,		13-11	(Stot	
-	REMOVAL (Specify) Burialetr	9-	3-60				Cemetery		tte Co		F	enn	'
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRE	SS	14	25a. REC	'D 8Y REGIST	RAR 2Sb. REC	ISTRAR'S SI	GNATU	RE	
1	ROBERT A.	PUMPHRE	Y	BETH	ESDA. 1	MD.	DATE		0 0	11 - 9	Hom	A	

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be returned by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled hi. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72-bours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY files. Heofth. MARYLAND MONTGOMERY MARYT.AND b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and give negres! town! BETHESDA 5 DAYS BETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Hospital YES NO X 5314 Glenwood Rd. NAME OF First Middle 4. DATE Month DECEASED (Type or print) DEATH NETTE TIME MC AGHON SEPT IFUNDER TYEAR IF UNDER 24 H 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost by holay) Hours WIDOWED 3 DIVORCED T yrs. Female White 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY [1]. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Housewife VTRGTNTA U.S.A 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME HENRY MARY CATHERINE REDWINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address AME AS ABOVE If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Sudolen IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 0 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) While Not while foctory, street, office bidg., etc.) Month, Doy, Year (County) (State) of work of work 21. I certify that I took charge of the remains described above, held an Autopsy N. Inspection ... Inquiry and in my Accident A Suicide . Hamicide . Undetermined monner opinion death resulted from: Natural causes ... DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) BROCHART DEPUT FUNE FUNE 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Burial 9-7-60 Parklawn Cemetery 70 Rockville. Maryland ADDRESS 23, FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Md. PUMPHREY VS. A15ME DATESEP 5M 2/57

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VS A15 (4) 1SM 9/SB

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OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

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VR A15 (4) 1SM 9/52

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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70.5				
1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION  U. S. Naval Hospital	ddress)	d. STREET ADDRESS 338 Jean S	treet 83	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) Patricia	Middle	MC NABB	4. DATE Month OF Septe:	mber 23 Year
S. SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	UNDER 1 YEAR IF UNDER 24 HR
Female Caucasian WIDOWE		9-21-60	yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)		- Marvla	nd	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Joseph Michael MC NABB		Mary Evely	n FILLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	HORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	None (F	Tor M MoN	abb, same as #2	ahove
		) 305. M. MCN	aut, same as the	INTERVAL BETWEEN
PART I. DEATH (Enter only one cause per lin	e for (o), (o), and (c).			ONSET AND DEATH
IMMEDIATE CAUSE (0)	Moxen			6 kin
DUE TO	11/1/1/1	1	1 -	1111
Conditions, if ony, which (b)	Hyland	membro	in diseas	e 70 m
couse (o), stoting the under- lying couse last.	Premate			44hr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT REVATED TO THE TERM	inal disease condition given	19. WAS AUTOPS PERFORMED? YES ☑ NO □
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture af injury in	Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. 19 While of wark	Nat while fa	ACE OF INJURY (Home, forr ctary, street, office bldg., etc		(County) (State
21. 1 certify that (I) (this backing attend saw the deceased alive an Sept. 2	- /-		M, from the causes and	an the date stated above
220. SIGNATURE	7/	ATTENDING M	IED. STAFF	22b. DATE 9-23-60
22c. PHYSICIAN'S NAME (Type) L. G. THORNE,	LT, MC, USN	22d. ADDRESS	al Hospital, Be	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or	caunty) (Stote)
Burial (Specify) 9-27-60	Arlington		Arlington	Virginia
24. 18 YERAL DIDECTOR'S SIGNATURE	ADDRESS e, Bethesda, M	250. REC		RAR'S SIGNATURE

Deticals (Aura) Research (Aura) appeals at

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L. C. TREMS, IC, M. Ch. L. S. S. Star Markets, No. 14.

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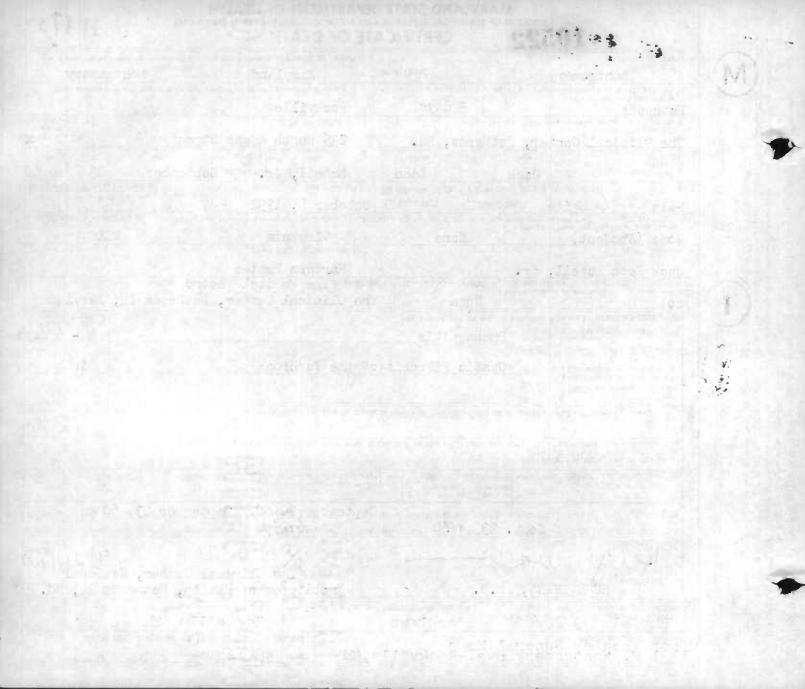
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# TO HOSPIT VR A1S (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	o. COUNTY	tgomery		MARYLAND	O STATE	IDENCE (Where deceas Maryland	ed lived. If institutio b. COUNTY		before admission) OMERY	
1	b. CITY OR TOWN (IF		ts. write	c. LENGTH OF STAY IN 16		TOWN (If outside carp	orote limits, write RL			_
1	RURAL ond give ner	arest tawn)		3 days		ville		10		
-	d. NAME OF HOSPITAL (If not in hospital, give street address)					ADDRESS		-	e. IS RESIDEN	CE
	OR INSTITUTION					North Adams	Street	1	ON A FARA	
=	The Clinic							+		IQI_
3	NAME OF DECEASED	Fi		Middle	lo No. 27	OF	Mont		Day Year	10
-	(Type or print)	Ja		Leon	McNe		DO PO DO TO		YEAR IF UNDER 24	50
3	5. SEX			TIED NEVER MARRIED	B. DATE OF BIRT		last birthday)			in.
-	Male	White	WIDOW		-	8, 1952	yrs.	lan cirize		7040
- [ '	during most of worki	N (Give kind at work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IND			country)		N OF WHAT COUN	IRY?
	None (Stud	ent)		None		rginia		US	SA .	
- 1	3. FATHER'S NAME				-	S MAIDEN NAME				
	Jack Leon	McNeil, Sr				ara Prater				
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT Th	e Medical I	Record Address	ess		
	no			None	The Clin	ical Center	r, Bethesd	la 14,	Maryland	
	18. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne for (a), (b), and (c).]					INTERVAL BETWEE	
	PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Pneumonitis  4 - 6 day								
	1597	597 2 DUE TO								
	Conditions, if an	Phich)	. Cvs	stic Fibrosis	of the P	ancreas			Birth	
	gove rise to in	gove rise to immediate DIF TO								
	lying couse last.	he under-								
1	PART II. OTH			ONTRIBUTING TO DEATH BE	JT NOT RELATED T	O THE TERMINAL DISEA	SE CONDITION GIVI	EN IN PART 1	I(a) 19. WAS AUTO	PSY
	A								PERFORMED YES IX NO	
1	PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture	of injury in Port I or Po	art II of item 1B.)			
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	7.37							
1	20c. TIME OF INJURY	Manth, Doy, Ye	ar 20d. II		PLACE OF INJURY		ty or town)	(Ca	unty) (S	tate)
1	20c. TIME OF INJURY Hour a.m.	19	While at wor	IAOI MUIIE	factory, street, offic	ce bldg., etc.)				
1		. (1) (1) ! !		led the deceased fram	Santamba	20.60	Santamban	23. 6	0.4.40.4	
	saw the decease	saw the deceased alive an Sept. 23 1960, and that death accurred \$25pM, from the causes and on the date stated above.								_
	220. SIDIVATURE	1.5		ATTENDING MED. STAFF 22b. DATE			NED			
	22c. PHYSICIAN'S	XU W			M.D. PHYS.	RESS The Clin		Ma:	1246	0
	NAME (Type)	DIVAME HIM	M.I	0						
=		HUGH EVANS				itutes of I				
2	REMOVAL (Specify)	4 - 4 -		23c. NAME OF CEMETERY	OR CREMATORY		ATION (City, town, a		(State)	
-		9/26/6	U	Parklawn			cville, Mo			
1	FUNERAL DIRECTOR'S	signature fune		Home-		25o. REC'D BY REGIS	STRAR 2Sb. REGIS	TRAR'S SIGN	NATURE	
E	1331 E. M	lontgomer	y Av	eRockvill	e,Md	DATE SEP 2 8	1'60	within &	Kenea	



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June 21, 1908 1 30 m 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Tentale Walker
- Latening week, D.C.		Housewild
Roma Coreon		e. Charteen Graves
Joseph C. Melton-Same Item #2 - Ausband	Comment of the last	
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o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (Where do a. STATE	b. COUNTY	241		
b. CITY OR TOWN RURAL ond give	(If autside carporote limits, write nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RUR	AL and give nearest tawn)		
d. NAME OF HOS OR INSTITUTIO	ermantown PITAL (If not in hospitol, give street	d oddress)	Rural-Germ d. STREET ADDRESS  R. F. D.	antown	e. IS RESIDENC ON A FARM YES 🔀 NO		
R. F.	U.						
NAME OF DECEASED (Type or print)	alice	HENDERSON	744 1 200 0	DEATH Lepter	bez 29 196		
. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24		
Female	White widow	146	Oct. 2, 187	3 86 yrs.	Manths Days Haurs Mi		
auring mast of w	TION (Give kind af work dane 10b arking life, even if retired)	. KIND OF BUSINESS OR INDU		eign country)	12. CITIZEN OF WHAT COUNT		
Housewi	16	~~~~	Sax Texas		US		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
Will	iam Henderson		Elizabeth	Nelson			
S. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	. SOCIAL SECURITY NO. II	NFORMANT	Address	s		
No	( you, fire not or during on solving)	None M	rs. Thomas Ke	lley-daught	er-same 22d		
18. CAUSE OF D	EATH Enter only one couse per I	ine for (a), (b), and (c).]			INTERVAL BETWEE		
PART I. D	EATH WAS CAUSED BY:	1	0. 1.		ONSET AND DEAT		
11 1	DUE TO	www.voug.			26.700		
1,5	V &		1.		1 de a		
Conditions, if	immediate	usière	cubasia		1-700		
cause (a), static	ng the under-	Toim ale	m Amia		3 year		
-	, (c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL	NECTOR CONTRIBUTIONS CONTR	WAS AUTO		
PART II. C	other significant conditions	cel son	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	1 IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO		
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJ	While	6	ACE OF INJURY (Home, form, 20 ctary, street, affice bldg., etc.)	f. (City ar tawn)	(Caunty) (St		
	that I attended the decea	0	1948 to 1290	J 29 1060 th	at I last saw the decea		
alive an	LAT 29 19		accurred at 12:30 P.M.				
	1 0			ESS (Street, city ar town, sta			
ACTUAL	John Ja	well	M.D. Dawnan	illo .	9/29/0		
PHYSICIAN'S NAME (Type)	John G. Fawce	tt	P. O.	Boyd, ruch	, , , , ,		
PREMOVAL (Speci	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		LOCATION (City, tawn, ar			
		parnestown (		Darnestown,			
3. FUNERAL DIRECTO		ADDRESS	24a. REC'D BY		RAR'S SIGNATURE		
Robert	A. Pumphrey	Bethesda, Ma	aryland DATE OCT	3 '60 and	Chur S. Kraus		

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RURAL ond give in Bethesda  d. NAME OF HOSP OR INSTITUTION U. S. Nav	(If outside corporate limits neorest town) (Rural) (TAL (If nat in haspital, given		MARYL ENGTH OF STAY I	IN 16	usual residence (W g. STATE Connecticu c. CITY OR TOWN (IF	t	b. COUNTY			nission)
RURAL ond give in Bethesda  d. NAME OF HOSP OR INSTITUTION U. S. Nav	(Rural)				c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL and give		
d. NAME OF HOSP OR INSTITUTION U. S. Nav	ITAL (If nat in haspital, given		b days	- 11					e nearest to	own)
U. S. Nav		ve street addre			East Haven					
A14445 OF	al Hospital		ess)		d. STREET ADDRESS  88 Burr St		45	XZ	10	RESTDENCE A FARM?
B. NAME OF DECEASED (Type or print)	First Man		Middle France	es	lost MESNER	4. DATE OF DEATH	Mon Septe		Day 29	Yeor 1960
. SEX	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH		9. AGE (In years	IF UNDER 1	-	
Female	Caucasian				2-2-96		last birthday) yrs.	Manths De	oys Hou	rs Min.
Oa. USUAL OCCUPATE during most of wa Housewife	ION (Give kind of work derking life, even if retired)			RINDUSTRY					A.	T COUNTR'
3. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME				
Daniel RE	ILLY				Cathern Cl	URRAN				
5. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		AL SECURITY NO.		.G.Mesner,	Jr.,11	Addi	Mic		ia,Va
Conditions, if gave rise to cause (o), stoting lying couse lost  PART II. O1	the under-		RIBUTING TO DEA		T RELATED TO THE TERM	105C	E CONDITION GIV	EN IN PART 1	PER	AS AUTOP:
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CCURRED. (E	nter noture of injury in	Port I or Por	t II of item 1B.)			
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Year 19	While	Y OCCURRED  Nat while of wark		OF INJURY (Home, far , street, office bldg., et		or town)	(Cou	inty)	(Stat
21. I certify the saw the deceded 22a. SIGNATURE	at (★ (this haspital) ased alive an Sep	attended to 29	the deceased 1960 , and	that deat	ATTENDING	AED.	the causes an	) , 19 60 d an the c	date stat	ed abay
	fr Th.	/ Reg 1	dy for	M.D.	PHYS. D	IRECTOR .	PHYS. PQ		9-2	29-60

y the funeral directar, 2 shauld be filed with and TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 of the Stale Board of Health priar to burial, cremation, ar remayal, and in any event, within 22 haurs after death.

after death. Page 4

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Capyled Asia Camana

TELEPHONE OPERATOR

ANSWERING SERVICE GARRETT PARK, MARYLAND U.S.A.

EPPA NORRIS

LULA LASKEY

Yes - Mr. Eppa L. Norris, 5425 Conn. Ave., N.W.

Washington, D.C.

ON

VR A1S (4) 1SM 9/59

MARYLAND	STATE DE	PARTMEN	T OF HEA	ALTH
ON OF STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYLAND
CER	RTIFICAT	E OF DEA	HTA	

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1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	o. STATE Maryl	here deceased lived. If institution b. COUNTY	n: Residence before admission) Montgomery		
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporote limits, write RU	IRAL and give nearest town)		
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, give strees  Suburban Hos		d. STREET ADDRESS	v Avenue	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First Rita	Middle Mary	Millard	4. DATE Month OF DEATH Septemb			
s. sex Female		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  December 19.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
100. USUAL OCCUPATION during most of work Homemake 13. FATHER'S NAME Frank 1	er	b. KIND OF BUSINESS OR INDU	North Del 14. Mother's Maiden & Rose	kota	12. CITIZEN OF WHAT COUNTRYS		
	R IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	6. social security no. 17. I Unknown	Robert Millar		As above		
20a. ACCIDENT WA	mmediate DUE TO the under- (c) ter SIGNIFICANT CONDITION US UNDERLYING [] 20b. D	S CONTRIBUTING TO DEATH BU		201/201	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJUR Hour o. m. p. m.	19 Whit of w	le Not while foot of work   form		60, to 23 lung	(County) (State , 1960, that (1) (we) last d an the date stated above		
22c. PHYSICVAN'S NAME (Type)	racill.	Surnfor	M.D. ATTENDING DIRECTOR DIRECTOR PHYS. D 22b. DATE SIGN.  22b. DATE SIGN. PHYS. D 22d. ADDRESS  10511 Sumit Ave. Kensington, Md.				
	9/30/60	23c. NAME OF CEMETERY O	aven Cem.		ing. Maryland  STRAR'S SIGNATURE  Lithur S. Huma		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, wifte c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) d. NAME OF HOSPITAL If not in hashial, give street address)
OR INSTITUTIO d. STREET-ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 19 6 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Josh birthdoy) Months Days Hours WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind af work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? uring most of working-life even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one cause per line far (a) (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISTANCE CONDITION GIVEN IN PART 1(0) 18, WAS AUTOPSY CERTIFICATION RERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INTURY OCCURRED (County) (State) Hour foctory, street, affice bldg., etc.) g. m. While Not while at work ot wark 21. I certify that (1) (this haspital) attended the deceased from \_, that (I) (we) last ... , and that death accurred a M, from the causes and on the date stated above. saw the deceased alive an 22a. SIGNATURI 22b. DATE SIGNED ATTENDIN PHYS. MED DIRECTOR L M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE Montgoncoulte DATESEP 1 4 '60 arthur & Kraus ACCKVILLE.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH a. COUNTY MOT	ntgomery	MARYLAND	2. USUAL RESIDENCE (WHO a. STATE Maryl		COUNTY 3.	ence before odmission) ontgomery		
Chevy Ch	nase,,		c. CITY OR TOWN (IF of Chevy		rs, write RURAL onc	d give nearest town)		
OR INSTITUTION	l (If not in hospital, give streedow Lane	et address)	d. STREET ADDRESS 7102	Meadow I	Lane	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth	Day Year		
(Type ar print)	NORMAN	J.	MORRISSON	DEATH	Sept.	25 19 60		
		RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS.  Days Hours Min.		
Male	White wido	WED DIVORCED	8/30/1893		57 yrs. 0	Days Haurs Min.		
10a. USUAL OCCUPATION	N (Give kind af wark dane 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. C	ITIZEN OF WHAT COUNTRY?		
Lawyer	g me, even in remed)	Law	Texas		Ţ	JS		
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
James :	S. Morrisson	n	Hermin	niah Ern				
	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IF	NFORMANT		Address			
Yes, no, or unknown)	yes, give wor or dates of service) WW 1	M	Mary Morriss	on-wife-	same 2d	1		
	H [Enter anly ane cause per					INTERVAL BETWEEN		
PART I. DEAT	H WAS CAUSED BY:	Romati	- 10000	7		ONSET AND DEATH		
155	DUE TO	- agricus	C COME			1 WEEK		
Cardina is	Conditions if any which)							
gave rise to im	mediate	Carren	occor post			C MUNIT		
cause (a), stating the lying cause last.	DUE TO	Carcinon	na of (	colon	-	6+40NT		
PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?		
I.S.		NONE				YES NO L		
□ OR CONTRIBUTING [	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Hour a.m. p. m.	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark							
	21. I certify that (I) (this haspital) attended the deceased fram. M. 1960, ta 9/25, 1960, that (I) (we) last							
220. SIGNATURE	saw the deceased alive an 196, and that death accurred at PM, from the causes and an the date stated above 22a. SIGNATURE TO STAFF PHYS. SIGNATURE							
22c. PHYSICIAN'S NAME (Type)	HARLES	SAVPRESE	22d. ADDRESS 4	39089	THER	CAMEIND		
23a. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIONIC	ty, town, ar caunty	(State)		
Burial (Specify)	9/28/60	Rock Creek	Cemetery	Washin	ngton. I	O. C.		
24. FUNERAL DIRECTOR'S	SIGNATURE A. Pumphrey	Bethesda. N	daryland 250. REC	D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE		

Division of STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET. BALTIMORE 1, MARYLAND 1. PLACE OF B 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate lim c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give mearast lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Znalash Manay YES NO DE 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or lown) (County) (State) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work CTOR 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection and in my opinion Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER J. Booschart NAME (Typa) Address (Streat, city, town, or county) 22a\_BURIAL CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Slale) 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Maryland <u>940</u> Prince George 1 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 arthur & House

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	エリサルチ	CERTIFICA	AIE OF DEATH	Reg. Dis	st. No.
	PLACE OF DEATH O. COUNTY Non+gamery	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution: Residence b. COUNTY	te before admission)
-	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	c. LENGTH OF STAY IN 16	C C	side corporate limits, write RURAL and g	give hearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION) Washington Santarius	11 1	d. STREET ADDRESS 32 Miss		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)  Marguare the	Ashby	Motte 1	OF DEATH SEPT	Day Year 6 1960
5.	SEX   6. CONTR OR RACE   7. MARRI		B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. 1/2 100 . 1.	etud N. Caral	un	U.S.A.
M 3.	Alfred B Drew		Gertrude	Newton	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S s. no. or unknown) [If yes, give wor or dated of service]	SOCIAL SECURITY NO. 17. II	Hospital Rec	Address	
	1B. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Songestin	Cardiac :	Failure	INTERVAL BETWEEN ONSET AND DEATH LERMINAL.
	Conditions, if ony, which gove rise to immediate (b)	Metastatic	Carcinon	ea - Ovarian	1958
-	couse (o), stating the <u>under-</u> tying couse lost.				
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	DNTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PART	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Po		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 White of work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) (C	County) (Stole)
	21. I certify that I attended the decease alive an John G., 196		/	Af 6, 1960, that 1 I	last saw the deceased
	ACTUAL BIGNATURE TO hert att	are		ODRESS (Street, city or town, stote)	DATE SIGNED
	PHYSICIAN'S Robert A	Hare. Mi	),		-1-191c
220	P. BURIAL, CREMATION, 228/ DATE THEREOF REMOVAL (Specify)	225, NAME OF CEMETERY O	R. CREMATORY 2	200 LOCATION (City, town, or county)	Tue MA
23.	FUNERAL DIRECTOR'S SIGNATURE	CARTERS 75460	240. REC'D	BY REGISTRAR 245 REGISTRAR'S SIR P 8 '60 and a	. Krous
-	1 11	cincle	withoutac		

may be refuned by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate TO HOSPITA VS A15 (4) 15M 10/57

page 3 shauld be detached far the registrar priar ta burial, cre

after death. Page 4

**PR ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 hours, ed by the haspital as attending physician.

has been signed by the attending physician and campletely filled

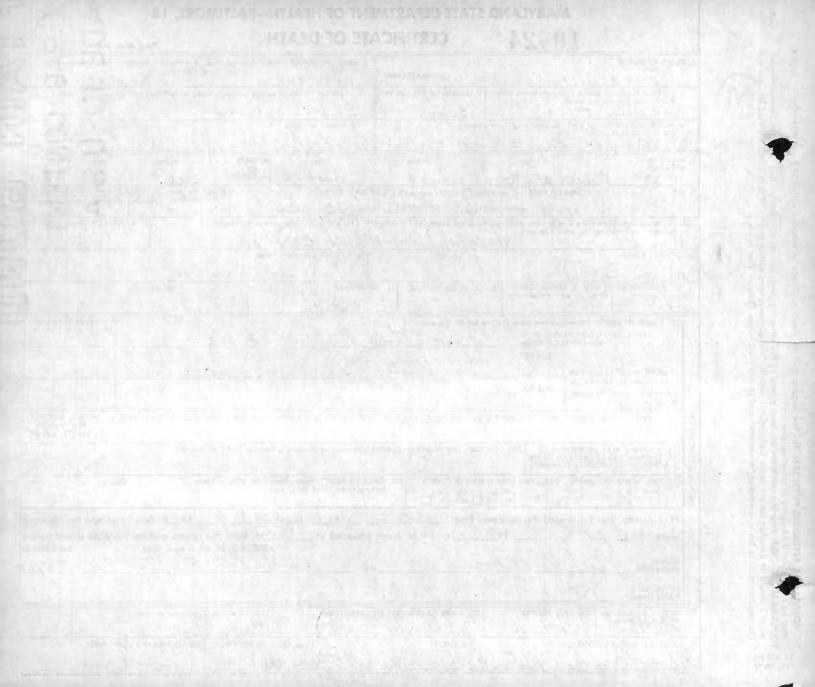
the funeral director, should be filed with

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event within 72 hours after death.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE O 10531

F DEATH	10491
L RESIDENCE (Where deceased lived.	before admission)

)	1. PLACE OF DEATH MONT gomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) DISTIE  DISTIE  OF  Columbianty
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington. D C.
_	d. NAME OF HOSPITAL HE not in hospitol, give street oddress) OR INSTITUTION Suburban Hoffeld	d. STREET ADDRESS 4917 42nd St., Wash., D.C. e. IS RESIDENCE ON A FARM? YES NOTE
9	3. NAME OF DECEASED (Type or print) First Peler Middle W	USCATO LA PEATH 9 26 1960
	S. SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 83  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farm	Italy. U.SA.
	13. FATHER'S NAME and, muscator	14. MOTHER'S MAIDEN NAME  Anna  ?
)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ose m. Bonsiglio 49057 42 nd st.
	10	IA (NEPHROTIC SYNDROME) INTERVAL BETWEEN ONSET AND DEATH ONSET
	ICATIC	PERFORMED? YES NO D. (Enter nature of injury in Part I or Port II of item 18.)
	Z 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an	death accurred at 550M, from the causes and an the date stated above. 22b.DATE
	Charles Savarese MD.  22c. PHYSICIAN'S NAME (Type) CHARCES SAVANESE, A	M.D. ATTENDING MED. STAFF DIRECTOR DIRE
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O burial transit 9-29-60 St. Berna	r CREMATORY 23d. LOCATION (City, town, or county) (Stote) rds Cem. Concord, Massachusetts
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROCELLA. Pumpliney Bethesda, Mar	yland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  Only 2. Trans

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4 %E	CERTIFICATE OF DEATH  Reg. Dist. No.	10492
Poge director	PLACE OF DEATH o. COUNTY  MARYLAND  2. USUAL RESIDENCE Where deceosed lived. If institution: Residence before o. STATE aux and b. COUNTY  Maryland	admission)
uneral uld be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give new RURAL and give negres them)	est town)
\$ (EX) )4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Suburban Hospital  1.511 Monongalela D.	ON A FARM? YES IN NO
illed in	NAME OF DECEASED (Type or print)  BADY G'RL NLIAKO  NAME OF DEATH September 17	
d within 2 bletely fille rs. Pages	SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  1. NEVER MARRIED   DIVORCED   9/17/60  9. AGE (In yeors lost birthdoy)   Months   Doys    1. WILL WIDOWED   DIVORCED   9/17/60  9. AGE (In yeors lost birthdoy)   Months   Doys    1. WILL WIDOWED   DIVORCED   9/17/60	Hours Min.
execute nd comp nn pope	12. CITIZEN OF Working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WORKING life, even if retired)	WHAT COUNTRY?
ion all corbo	Park E. Neitho Name Name Rinker	Ulya
ng physici remave 72 haurs	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	
death tendii please vithin	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: ONSE	RVAL BETWEEN
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d by t mit. T any ev	Conditions, if ony, which gove rise to immediate (b)	
require ion. on signe	couse (o), stoting the <u>under-</u> lying couse lost. (c)	
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rending ficote h the bur or rem	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20f. (County) work ot work ot work ot work	(Stote)
hospith Affer I al, cr	21. I certify that I attended the deceased fram July 17, 19 (4), to July 17, 19 4 othat I last saw	
TTENU the OR: OR: OR: a bur	alive an	stated above.  DATE SIGNED
or A be of by brior by brior by	SIGNATURE Styrken (Comwell M.D. 615 W. Montgomery Avenue S	98/17/6
OSPICOS r be rational INERAL DI es 3 should registror pr	PHYSICIAN'S NAME (Type) Stephen C. Cromwell Rockville, Maryland	
	20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
5 5 0 ±	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	aryland
VS A15 (4) 15M 9/5B	Robert Al Rumphtey Bethesda, Maryland DATE SEP 20'60 Only & How	1

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEAS 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY y is necessary director. Page Montgomery Maryland b. COUNTY Montg. a. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) eral directed for your f write RURAL and give nearest town) Takoma Park vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) & STREET ADDRESS . IS RESIDENCE ON A FARME 505 Tulip Ave 505 Tulip Ave e retained the State B YES NO 3. NAME OF First Middle 4. DATE Last Month DECEASED Charles Edgar New 10 60 (Type or print) DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. birthdey) Months Hours male white WIDOWED DIVORCED [ Give Pages 1, 2, an rum PM3. Page 5 m File pages 1 and 2 more within 72 bou 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

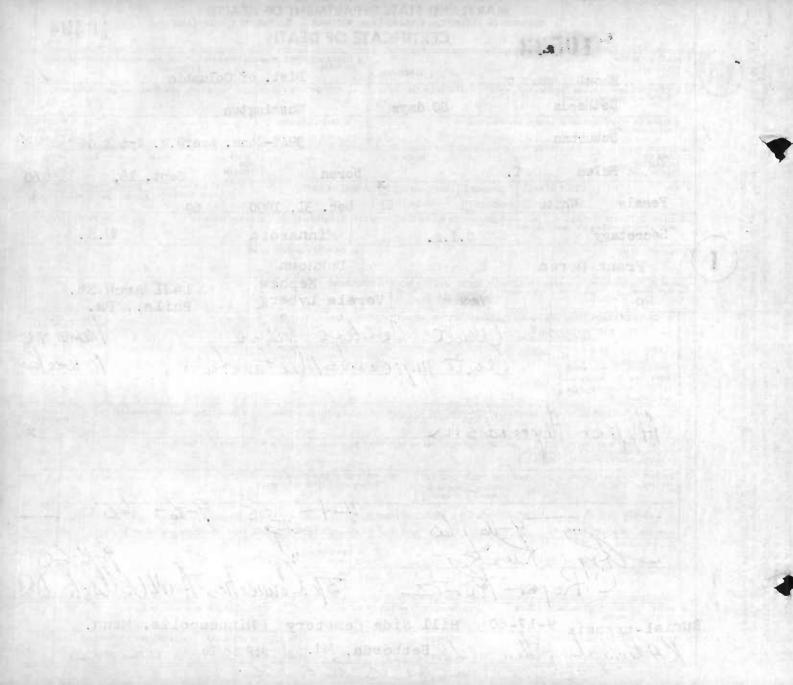
Teacher (retired) TII. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Stickman Wm. W. New 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Henrietta E. New (wife) hould be executed w
in pencil in Item 18
Coffice along with fe
burial-transit permit. Item 2 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN onset and DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (e) kitchen floor DUE TO Conditions, if any, which (b) "pending" gave rise to immediate cause the word "pending' Medical Examiner's DUE TO (a), steting the underlying 98 uld be used a cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TE pluods 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER: should be forwarded to the Chief / FUNERAL DIRECTOR: Page 3 s WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Not While While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection k Inquiry oc and in my opinion Accident death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATOR 22e. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur & House 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid a. STATE b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OP TOWN (If outside corporate limits, write RURAL and	d give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle	Loss 4. DATE Month	Day Year
OFCEASED (Type or print) Mary Veronci	a O Connor DEATH Sept	8 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  7-11-88  9. AGE (In years lost birthday)  Months  7 Z yrs.	ER 1 YEAR IF UNDER 24 HR Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	wa.
Joseph Cummer	Adelaide Wat	tson
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	INFORMANT Address	01.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ve-oute	INTERVAL BETWEEN ONSET AND DEATH
DUE TO Conditions, if ony, which		
gove rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  (c) Wassive #ku	iovvhoge	1 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	ED. (Enter nature af injury in Port I or Port II of item 18.)	
	LACE OF INJURY (Home, farm, cloty, street, office bidg., etc.)	(County) (State
21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased glive an9 8190, and that	death accurred at 2 PM, from the causes and an t	60, that (I) (we) la
220. SIGNATURE Seully	ATTENDING MED STAFF	22b. DATE SIGNE
James H. Scully, M.D.	22d. ADDRESS 1835 I St. N. W. Wash. D.	c.
and the same of th	OR CREMATORY 23d. LOCATION (City, tawn, ar county	(State)
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( St. Mary's ( St. Mary's (		(Sigle)

VR A15 (4) 15M 9/59

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pm may be recained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death. Page 4

in by the funeral director, and 2 should be filed with

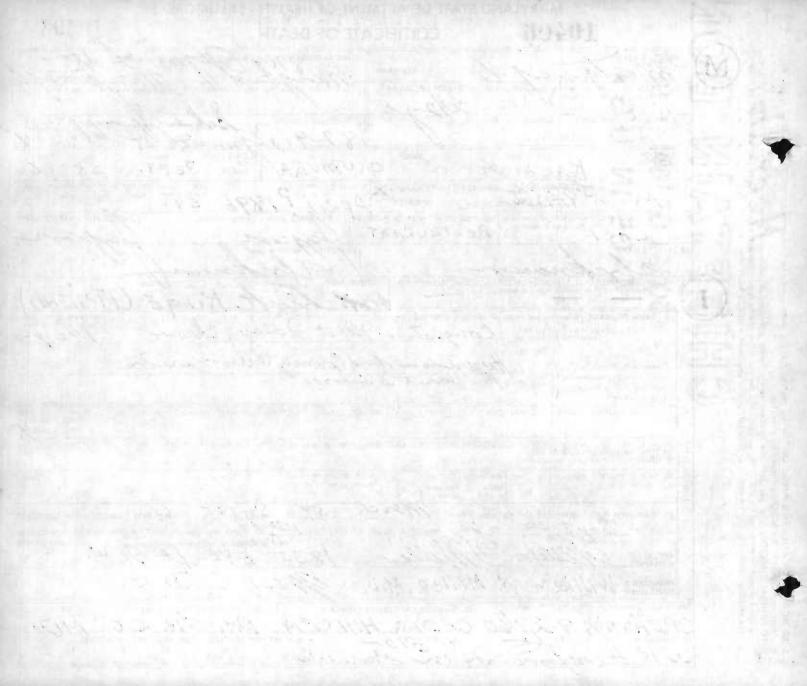
Jonney H. Boully, Mr. D. 1836 Lat. V. W. Wash. D. C.

Butter | First but it Mary's Cemetary | Weshington

Hobert A. Jumparey Belignen, Maryland .....

months obligated and water

1000	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
T. K.	10406 Item 1 FilmG272 10-3-60 et CERTIFICATE OF DEATH  Reg. Dist. No. 1 496					
. Page	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased itself institution residence beta podmission) b. COUNTY  MARYLAND  O. STATE  D. COUNTY					
er al	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
by the fund 2 shauld	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 8709 Plymouth St.  d. STREET ADDRESS ON A FARM? YES \( \sigma \) YES \( \sigma \) NO \( \sigma \)					
filled in F	3. NAME OF DECEASED (Type or print) KACMON Middle OKUMURA- DATE OF DEATH SEPT. 25 1960					
d with oletely s. Pag	5. SEX  6 DIVERSE MARRIED NEVER MARRIED B. DATE OF BIRTH  7 APRIL P1896  9. AGE (In years last birthdoy) Months Days Hours Min.					
executer and camp and paper death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RESTRURANT  CHEE  12. CITIZEN OF WHAT COUNTRY?					
sician are carbo	13. FATHER'S NAME					
n certifical and physic e remave 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Free war or dates of service) 16. SOCIAL SECURITY NO. INFORMANT Address (FRIEND)					
the death of a standing of within 7	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Congletive Heart Follows, Chronic ONSET AND DEATH  1/2 4/10					
es that the set by the set only eve	Canditions, if any, which gave rise to immediate DIF TO Heart Disease.					
requir ian. in signe nsit per and in	cause (a), stoting the under   DUE TO   DUE TO   Living cause last. (c)					
he law physicinas beer ial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1					
tending ifficate h the bu	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
PHYSIC ol ar at this cert r use as	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m.  19  20d. INJURY OCCURRED While of work of other or work of the work of					
Aping haspital After ched for urial, cr	21. I certify that I attended the deceased fram. Moves, 1957, to Sept 25, 1969, that I last saw the deceased alive an Sept 20, 1969, and that death occurred at 1959. M, from the causes and an the date stated above.					
R ATTER d by the RECTOR: be detaction to but	ACTUAL SIGNATURE M.D. 1835 EVE II W, DATE SIGNED					
RAL DIR Shauld bistrar pri	PHYSICIAN'S William S. Miller. M.D. Gloch C. D.C.					
O HOSPAGE may be rated O Full be a shaul the registrar	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (Stote) CREMATION 9/29/60 CEDAR HILLS PROCESS CO: MID.					
VS A15 (4) 15M 9/58	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 33 L  24d. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  24d. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  ADDRESS 37 3 L  24d. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

M)	1. PLACE OF DEATH p. COUNTY Montgomery MARYLAND					ND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Virginia Accomack						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond gi	ve neare	est town)	7,10	
	B	ethesda	idiesi lowii)		65 days		Onancock			8	3X	-3	
00	(	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e.	IS RESIDI	ENCE ARM?
050	T		al Center,	Bethe	esda 14, Md.		100 Market	Stree	t			YES   1	
	3. [	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	ith	Day	Yeo	or
		(Type or print)	Elsi	е	Mae		Payne	DEATH	Septembe	er	28	19	60
1	S. S	SEX	6. COLOR OR RACE	7- MARR	RIED NEVER MARRIED		B. DATE OF BIRTH	-	9. AGE (In years lost birthdoy)	IF UNDER 1			
	F	emale	White	WIDOWE	ED DIVORCED		May 25, 1903	3	57 yrs.	Months	Days	Hours	Min.
F 574	10a	USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12.CITIZ	EN OF V	VHAT CO	UNTRY?
	Н	ousewife	king life, even if retired		None		Virgini	ia		1)	.S.A		
	-	FATHER'S NAME					14. MOTHER'S MAIDEN N				-		
	A	lfred B. I	Booth				Elizabeth H	Isl					
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT The Medi		ecord Add	ress			
310	N		(If yes, give war or dates of s	HAICE)	None		e Clinical Ce			a 1/1.	Mary	rland	
	- 63		TH [Enter only one co	use per lis	ne for (o), (b), and (c).]						INTER	VAL BETW	VEEN
100		PART I. DEA	TH WAS CAUSED BY:	Ure	emia							Week	
1500		202	DUE TO			50%							
794		Conditions, if o	au sublab V	Mul	Ltiple myelo	ma					10	mont	hs
		gove rise to i	mmediote (										
		couse (o), stoting lying couse lost.	the under-										
7	ATION				CONTRIBUTING TO DEAT	H_BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART		WAS AU PERFORA YES 🔂	VED5
X	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	). (Enter noture of injury in I	Port I or Po	rt II of item 1B.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. II While of wor	Not while		CE OF INJURY (Home, form tory, street, office bldg., etc.		y or town)	(Co	ounty)		(Stote)
			nt (I) (this haspital sed alive on Sep		ded the deceased fr 28 1960, and the	O111	July 25 19 eath accurred at 7:5		eptember				
		220. SIGNATURE	Mali	2,5	Donous			ED. RECTOR	STAFF PHYS. X		/28/	22b. [	DATE
/		22c. PHYSICIAN'S NAME (Type)	W. Walter	Oppe]	lt. M.D.			e Clir	ealth. B			tiona . Md	
	230	BURIAL, CREMATIC		60	23c. NAME OF CEMET	Uni			TION (City, town,		Au	(Stote)	4
	24	NERAL DIRECTOR	S SIGNATURE Wieles	me	ADDRESS ON AND	200	/	D BY REGIS	100	STRAR'S SIG			
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MARYLAND MONTGO MERY b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)

		RURAL ond give nearest tawn)				INCTON		Y	> X	-	3	
	d. NAME OF HOSPITA				d. STREE	T ADDRESS	NORE :	ST				DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF DEATH	Moi	- 10-1	Do	ly \	rear
-		MAREL	17	OTTER	PAYN		1	9. AGE (In years	7/196	-	IF UNDE	
,	F	6. COLOR OR RACE	7. MARRIED NE	DIVORCED [	8. DATE OF B			last birthday) 93 yrs.	Manths		Hours	Min.
100	. USUAL OCCUPATIO during most of worki	N (Give kind af working life, even if retired	dane 10b. KIND OF (	BUSINESS OR IND	USTRY 11. BIRT	HPLACE (State	or fareign co	ountry)	12. CI	TIZEN O	WHATC	OUNTRY
	HOUSEWIFE		AT H	OME	NE	W JERSE	Y		-	US	3A	
13.	FATHER'S NAME				14. MOTHE	R'S MAIDEN N	AME					
471	III IAN' HI D	OTTER			SAR	HAV HA						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIAL SE	CURITY NO. 17.	INFORMANT	WHI AUTE		Add	ress	1		
1Ye		f yes, give war or dates of s	service)					4109 Fo	ress REST			
	NO L	TH [Enter only one co	NO	lad f	NPT. THO	MAS E	PAYNE	MCLEA	N. VA	تسيعا	ON	
ICATION		he under DUE TO  (c)  ER SIGNIFICANT CON	D) HDITIONS <u>CONTRIBUT</u>		EMAL				VEN IN PA	RT 1(a)	PERFO	AUTOPSY RMED? NO [
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DESCRIBE HOV	V INJURY OCCURI	RED. (Enler natu	re of injury in P	'art I ar Par	t II af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. INJURY OC	while	PLACE OF INJUI	RY (Home, farm, ffice bldg., etc.	20f. (City	ar tawn)		(Caunty)		(State
	21. I certify that	(I) (this haspita	100 - 17			19	59. ta_	rept	, 19_	20 , th	nat (I) (	,
	saw the decease 220. SIGNATURE	ed alive an A	7 190	and that	ATTENI			STAFF	nd an th	ne date		DATE SIGNE

by the funeral director, ar ottending physician. s certificate has been signed by the ottending physician ond completely filled se as the burial-transit permit. Then please remove corban papers. Pages 1 hours after death or removal, cremation, DIRECTOR: poge 3 should be the State Boord of TO FUNERAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

after death. Page 4

TO HOSP VR A15 (4) 15M 9/59

FUNERAL DIRECTOR'S SIGNATURE

CEDAR CREMATORY ADDRESS WASHINGTON

SUITLAND, 250. REC'D 8Y REGISTRAR
DATE SEP 21 '60

256. REGISTRAR'S SIGNATURE

THE RESIDENCE OF THE PARTY OF T

in any event,

TO HOSPI

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10499

CERTIFIC	ATE OF	DEATH

1.	PLACE OF DEATH		MARYL	AND	2. USUAL RESID			d lived. If instituti	on: Residenc	e befor	e admis	sion)	
$\vdash$	Montgomer	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16				prote limits, write R	URAL and a	ive nea	rest taw	n)
	Bethesda			150 days		Washir					L	7	V-
H		AL (If not in hospital, g	ive street			d. STREET AL	-			-		. IS RES	SIDENCE
	OR INSTITUTION				12			don Ci	tweet N	T.T		ON A	FARM?
				hesda 14, M	u.	1435 8	NIGLT	7	-				-
3.	NAME OF DECEASED	Fir		Middle		Last		4. DATE OF	Mon		Day		Year
_	(Type or print)	Dani		Ivan		Perl		DEATH	Doboe		VEAD	_	19 60
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED				DATE OF BIRTH			9. AGE (In years last birthday)	Months	Days	Hours	Min.	
	Male	White	WIDOWI			July 11		-	17 yrs.				
100	usual occupation	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	R INDUST	RY 11. BIRTHPLA	CE (State	or foreign c	ountry)	12.CIT12	ZENOF	WHAT	COUNTRY
	Student None					1	New J	ersey			U.S	·A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
	Sydney Pe:	rlow				Berth	na Sa	gar					
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF				Record Add	ress			
(Ye	No No unknown)	(If yes, give war or dates of s	ervice)	None					. Betheso		Ma-	rvla	nd
		TM [Enter only one co	uue per lii	ne for (a), (b), and (c).]		o oralia	744 0	OHOCI	, Deolles	و بند ما		-	ETWEEN
		TH WAS CAUSED BY:				. 661 -1					ONS	ET AND	DEATH
	10~	IMMEDIATE CAUSE (d	-	Respiratory	Inst	illicten	су	-			4	hrs	
	197,9	DUE TO					0 771						
	Canditions, fail		)	Brain Stem (	Comp	ression	of Fi	brosa	rcoma		2	yea	irs
	cause (a), stating												
	lying cause last.	) (c	)										
Z O	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	PERF	AUTOPS'
CATION													] NO [
Ū.	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of	injury in	Part I or Par	rt II of item 18.)				
CERT	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
CAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, farm	, 20f. (Cit	y or town)	(C	County)		(State
MEDIC	Hour a.m.	19	While	Not while	fact	ory, street, office	bldg., etc	:.)					
5	p. m.		of wor					-					
				ded the deceased t									
		ed alive an Sex	otemb	er719_60, and	that de	eath accurred	al.2:	35.AMm	the causes ar	nd an the	date	stated	abave
	229. SIGNATURE	01 -	77-	· ' V	200	) ATTENDING		ED.	CTAEE			22	SIGNE
	Im	CO-	7.1.	erus,	nl	.D. PHYS.	☐ DI	RECTOR -	STAFF PHYS.			9/7	7/60
	22c. PHYSICIAN'S NAME (Type)	TO - 2/1 T	T)	- W D		22d. ADDRE	ss The	Clin	ical Cent	er.	Nat	iona	1
		Phillip J.	rerri	Ls, M. D.		Instit			alth. Be				
23		N, Z36. DATE THEREC	)F	23c. NAME OF CEME	TERY OR				TION (City, town,			(Sta	
	Burial (Specify)	9-8-60		B'nai Isr	ael	Cemeters	7	Oxor	Hill, M	arylar	nd		
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	-	O CHIEF WELL		D BY REGIS		STRAR'S SIG		RE _	
	Danzans	sky & sone	350	ol 14th st	- N	MT			100		0 10		

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	Jeckson museum		
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after death. Page 4

	10537 CERTIFIC	ALE OF DEATH								
A	1. PLACE OF DEATH O. COUNTY Mon + gomeny MARYLANE	D. C. Leffel								
	b. CITY OR TOWN (If outside constrote limits, write RURAL and give marest town	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1	d, NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE								
4	or institution Tee burb are.	3031 Nash Place, S. E. ON A FARM?								
	3. NAME OF DECEASED (Type or print)  First Middle  First Middle	Last 4. DATE Manth Day Year OF DEATH Sep t. 9 1960								
	5. SEX Female  6. COLOR OR RACE White WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy)  4/16/14  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.								
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)									
ŀ	P ractical Nurse Nursing	Bethesda, Md. U.S.A.								
	Benjamin Perry	Annie Brewer								
ł		INFORMANT Address								
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes, give war or dates of service) Uknown	Mr. J. Wilbert Perry 3031 Nash P lace, Wash.								
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO  Collulitis	thrombophlibitis (legs) 2 wKs  Frat  2 wKs								
	CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 1B.)								
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote foctory, street, office bldg., etc.)								
	-Construction	21. I certify that (I) (this hospital) attended the eleceosed from 1960, to 1960, to 1960 that (I) (we) last								
	220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. PHYS.								
	22c. PHYSICIAN'S NAME (Type) Citoger Kufz Mi	D 3/01 ounce to estack! lock 5:12								
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	OR CREMATORY 23d. LOCATION (City, town, or county) (State)								
	Burial 9/13/60 Cedar Hi 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11 Cemetery Suitland, Maryland 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE								
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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 h. CITY OR TO (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) director. Write RURAL and give parest town) e. IS RESIDENCE Boar d. NAME OF HOSE AL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES ON A FARM? 208 YES NO 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 (00 AGE (In lears | IF UNDER 1 YEAR | Months | Days 5. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Hours WIDOWED DIVORCED LISUAL OCCUPATION (Give 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life. M-8.6 13. ATHER'S NAME MOTHER'S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which (b) gava rise to immadiata cause DUE TO 98 (a), stating the underlying causa last. nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO C plnods 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 📈 Inquiry X and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide xecute the cobe forwards
AL DIREC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should ! NAME (Typa) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF DE 22d, LOCATION (City, town; or country) (Stata) REMOVAL (Specify) 24 O 1 OCK VILL FUNERAL DIRECTOR REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Ta VS. A15ME 5M 7/59 DASEP 6 '60

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TO HOSPIZ

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10452 CERTIFICATE OF DEATH

	GERTII 162	AIL OI DEAIII	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deco	eased lived. If institution: Residence	e before admission)
MONTGOMERY	MARYLAND	MARYLANT		MERY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) /	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	arporate limits, write RURAL and gi	ve nearest town)
KENSINGTON		KENSINGTON		
d. NAME OF HOSPITAL (If not in hospital, give street	it address)	d. STREET ADDRESS	^	e. IS RESIDENCE
CARROLL HALLSANTAR	מטי	10231 CARROL	L PLACE	ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Middle	PROCTOR 4. DA		Day Year
			ATH SEPI.	1/ 1960
P. 141	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
	WED DIVORCED	4-30-18/1	89 yrs.	110013
Oa. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	gn country) 12. CITIZ	ZEN OF WHAT COUNTR
HOUSEWIFE		INDIANA	6	15A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHARLES GWYNNE		MARIA T	RESTON	Salla Selis
(Yes, no. or unknown)   Iff yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17.	NFORMANT	Address /	~ ,
NO	NONE S	TUART E, I'ROC	TOR (	ONI
18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]	,		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	== === 1	HELLARRY	10 =	ONSET AND DEATH
IMMEDIATE CAUSE (o)	EREBRAL	1100001616161	765	24 MRS
DUE TO		105-0		2492771
Conditions, if any, which gave rise to immediate (b)	-ENERALIZE	DARIERO	OSCLERISIS	
cause (a), stating the under-		11		
lying cause last. (c)	-550N/14L	HYPERIEN	ISLOW	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
<b>X</b>	SENIFITY			PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DI		D. (Enter nature of injury in Part I or	Part II of item 18.)	1 0
20a. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f.	(C)	
The Hour a. ft. While		ctary, street, affice bldg., etc.)	(City or town) (Co	ounty) (State)
p. m. 19 at w	ork ot work			
21. I certify that I attended the deced	sed from SEPT 5	1959, to SERI		ast saw the decease
CCAC	,	occurred at /L. 30 AM, f		
1/	,		S (Street, city or town, state)	DATE SIGNE
ACTUAL Meurem L	Tinday.	5736	alasway m	0/11/
SIGNATURE	concen	M.D	10000000	7-4-4-6
PHYSICÍAN'S NAME (Type)		Chen de	od , lied	1
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d, LC	OCATION (City, tawn, or county)	(State)
PREMOVAL (Specify) 9-13-1965	CONGREGE	ONAL PERETERY	WAGNINET ON DI	(Side)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 17.56	Pa Dal a propaga	CIETRAR 24 DECIETRAPIC CIC	ALATUDE
O LE	ADDRESS 1756	100	GISTRAR 246. REGISTRAR'S SIGN	MAIURE
Joseph Hawten	one Way	DATESEP 13	'60 arthur & to	Carred

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ND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 10426I directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY an STATE b. COUNTY MARYLAND funeral uld be fi c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) minute d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO d NAME OF First Middle Last 4. DATE Month Day Yeor OF DEATH DECEASED (Type or print) death 19 60 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED M NEVER MARRIED 907 lost birthday) Months Hours WIDOWED | DIVORCED USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 10 V 4 and 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emave cart .= remave a amu IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: FARCTION WITH IMMEDIATE CAUSE (of **DUE TO** HROMBOSIS, ACUTE, RIGHT. Canditions, if ony, which permi gove rise to immediate DUE TO couse (o), stating the underlying cause lost. been si -transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has YES 🖂 NO T burial 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work p. m at wark 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at M, from the causes and an the date stated above. saw the deceased alive an 22 SIGNATURE 22b. DATE DIRECT ATTENDING SIGNED STAFF PHYS. ALB M.D. PHYS. DIRECTOR \_ OR 22c. PHYSICIAN'S 22d ADDRESS auld NAME (Type) FUNER page 3 the Stat 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, op county) (Stote) EMOVAL (Specify) EGISTRAR'S, SION ATURELA ADDRESS SEP REGISTRAN 1SM 9/59

death

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10538 CERTIFICATE OF DEATH Reg. Dist. No. director 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY filed b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 uneral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town! should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE Last Month Day DECEASED (Type or print) CH DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthdoy) Months Doys WIDOWED P DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CERTI MEDICA 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.] Hour o. m. Not while of work of work . 1960 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 10 -M, fram the causes and an the date stated above. ADDRESS (Aireet ACTUAL SIGNATURE 0 PHYSICIAN'S AS ABOVE NAME (Type) n 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME-OF CEMETERY-OR-CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify)

VS A15 (4) 15M 9/55

23. FUNERAL DIRECTORIS SIGNATURE

24g. REC'D BY REGISTRAR SEP 2 2 '60

Cirthur & throng

24b. REGISTRAR'S SIGNATURE

e. 15 RESIDENCE ON A FARM? YES NO

Hours

Year

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WAS AUTOPSY PERFORMED? YES NO P

(State)

(Stote)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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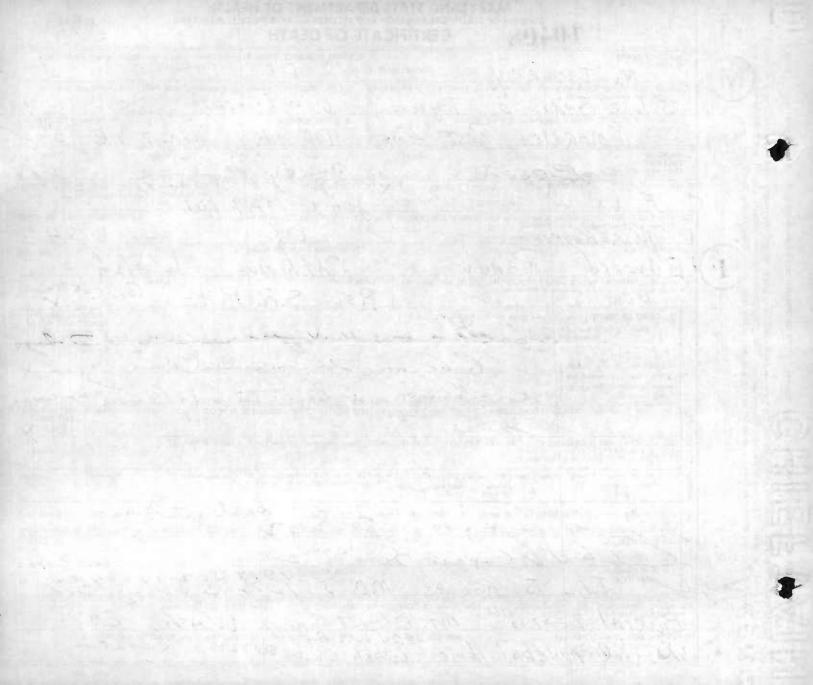
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SIGNED

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Po d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO DA 4. DATE NAME OF First Middle Last DECEASED OF DEATH (Type or print) 49 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days DIVORCED [ WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) EERIN pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL 17. INFORMANT IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Ni 18. CAUSE OF DEATH [Enter only one couse per line for (a) tb), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART THE 19. WAS AUTOPSY cremotion, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) Month. Day, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) o. m. While Not while ot work p. m. at work 21. I certify that (1) (this haspital) attended the deceased fram.... 19\_Cothat (1) (we) last £ 1960 M, fram the causes and on the date stated above. saw the deceased alive an e , and that death accurred a 22a. SIGNATURE 22b. DATE M.D. ATTENDING 22e PHYSICIAN'S NAME (Type) 22d. ADDRESS DATE THEREOF 1960 23d. LOCATION [City, town, or county) CREMATION. 23c. NAME (State) AUX 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chilling S. Through VR A15 (4) 15M 9/59

attending has DIRECTOR FUNERAL 0



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10506

campletely filled in by the funeral director, papers. Pages 1 and 2 should be filed with moy be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-tronsit permit. Then please remave carban papers. Pages 1 the State Board at Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A1S (4) 1SM 9/59

after death. Page 4

	1	Uaaa		CERTIFI	CATE	OF DEAT	H			1	UU	UU
	o. COUNTY Montgomen	ry		MARYLA		USUAL RESIDENCE o. STATE District	•	h COUNTY	on: Resident	e before	e odmissi	ion)
	Bethesda	(Rural)		c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN Washingto		prote limits, write R	URAL ond g	ive near	rest town	-3
	d. NAME OF HOSPITA OR INSTITUTION U.S. Naval	Hospital	e street	oddress)		d. street address		Ave., N.	W.	e		FARM?
-	3. NAME OF DECEASED (Type or print)	First Hol	den	Middle Ches		ICHARDSON	4. DATE OF DEATH	Mon Sept	m cember	Doy 2		Yeor 1960
1	s. sex Male	6. COLOR OR RACE		RIED NEVER MARRIED  ED DIVORCED		12-7-78		9. AGE (In years lost birthday) 91 yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HR
	U.S. Nav	ng life, even if retired)	one 10b.	U.S. Navy		Pennsy	lvania	country)		S.A.		OUNTRY
1	3. FATHER'S NAME William R	ICHARDSON			1	. MOTHER'S MAIDE	J. DOU	GHY				
	S. WAS DECEASED EVER (Yes, no, or unknown) Yes	IN U. S. ARMED FORCE f yes, give wor or dates of ser WWI & WWII	vice)	social security no.  Unknown	17. INFO	mant Diana RI	CHARDSO	N, Same				
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	DUE TO  (c).  ER SIGNIFICANT COND  CONTROL OF THE C	eli	Menus of Deat all do Chos CRIBE HOW INJURY OCH	tomy	ia lie TRELATED TO THE TE	8-16	ral stay	Alococa VEN IN PAR	(a) 19	PERFO	lai
1	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Year	While of wor	k ot work	foctory	OF INJURY (Home, , , street, office bldg.,	etc.)			(aunty)		(Stote
	21. I certify that saw the decease 220. SIGNATURE	(1) (this haspital) ed alive an 9-3	attend 2-60	ded the deceased f	hat deat	ATTENDING	05AMom	the causes an		date	stated	we) las l abave b.DATE SIGNEI
	22c. PHYSICIAN'S NAME (Type)	L. J. HINE	s, c	CDR, MC, USN		22d. ADDRESS		spital, Be			Md.	
	23a. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	9-7-60		23c. NAME OF CEMET Arlington				TION (City, town, lington,		nia	(Stote	e)
	Joseph Gra	119/11/11	n,I	ADDRESS 756 Penn. Av Wash. D.		W. DATE	SEP 7		STRAR'S SIG			

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after death. funeral uld be fi camplete popers. and rban p physician dve attending gned burial-transit has certificate DIRECTOR: OR FUNERAL page 3 sh VR A1S (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10508

o. COUNTY		MARYLAND	o. STATE	here deceased lived. If institut b. COUNTY ATLIX	ian: Residence before admission)
Montgomery	C. A. 1.4		Arlington		
RURAL and give ne	f autside carparate limits, wi arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carparate limits, write l	RUKAL and give nearest town)
700000000	Rural)	145 days	Virginia		73X - 3
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
U. S. Nava	l Hospital, F	Bethesda, Md.	5622 Yorkto	own Blvd.	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Moi	
(Type or print)	Ralph	Dinsmore	ROSS		ember 18 1960
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	
Male	Caucasian WIC	DOWED DIVORCED	10-3-13	46 yrs	
o. USUAL OCCUPATIO	N (Give kind of work dane ing life, even if retired)	106. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State	e ar fareign country)	12. CITIZEN OF WHAT COUNTRY
Medical Of		U. S. Navy	Kansas		U.S.A.
B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Harry Reat	h ROSS		Mary MUSTA	ARD	
S. WAS DECEASED EVER	R IN U. S. ARMED FORCES?		INFORMANT		dress
	(If yes, give wor or dates of service) 1938 to DOD		Hospital Recor	ab	
		per line far (a), (b), and (c).]			INTERVAL BETWEEN
	THE WAS CALISED BY				ONSET AND DEATH
1 000	IMMEDIATE CAUSE (a)	Adenocarcinoma,	pancreas, wit	n metastases	3 mos.
157	DUE TO				
Canditions, if a	ny, which ) (b)				
gave rise to in	mmediate Dus To				
lying cause last.	me under-				
, , , , , , , , , , , , , , , , , , , ,	(c)	ONS CONTRIBITING TO DEATH BE	T NOT PELATED TO THE TEPA	AINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTH	ER SIGNIFICANT CONDING	SAS COMMISSIONO TO BEATT BE	I NOT KEDATED TO THE TERM	MAL DISEASE CONDITION OF	PERFORMED? YES NO
200 ACCIDENT WA	S LINIDERIVING TO 20h	DESCRIBE HOW INJURY OCCURR	ED /Estes seture of injusy in	Part I or Part II of item 18 \	IE3 🔯 NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	LD. (Enter nature or injury in	Tan 1 of Fort II of Hem 18.)	
	MEDICAL EXAMINER)	1-1		Tax val	
			LACE OF INJURY (Hame, far actary, street, office bldg., et		(Caunty) (State
Haur a.m.		t wark at wark			
21 I certify tha	t (I) (this homital) at	tended the deceased fram	April 26	60 to Sept. 18	, 19.60, that (I) (MAC) las
and the decome	ad alinean Sent	18 1960 , and that		DAM	nd an the date stated above
22a. SIGNATURE	ed aliye an Denu	-190. , and that	death accurred at	m, from the causes a	na an the date stated above
220. SIGNATORE	(11 //	1/	ATTENDING	MED. STAFF	SIGNE
22c. PHYSICIAN'S	JAN 1	1.04	M.D. PHYS. X C	DIRECTOR PHYS.	9-19-60
NAME (Type)	C NUIV V	W/6		-3 11 3 -	2 13 -2- 343
	O. I. WALKER	R, JR., CAPT, MC,	USN U. S. Nat	val Hospital, I	setnesda, Ma.
3a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Burial	9-21-60,	Arlington	National	Arlington	Virginia
4. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
J W CHamber	s Co. 1400 C	Chapin St., NW.	WashDC DATE C	EP 21 '60 a	allus S. Kraus

after death. Page 4 moy be Recined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled "if by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremotian, ar remaval, and in any event, within 72-figurs offer death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. TO HOSP

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DATE

SEP 2 8 '60

10542	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	000
o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution land b. COUNTY	n: Residence before Montgor	
b. CITY OR TOWN (If outside corporate limits, write c. LENG BETHESOS.	GTH OF STAY IN 16	c. CITY OR TOWN (If or Bethesda	utside corporate limits, write RU		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4890 Battery Lane		4890 Batt	ery Lane		IS RESIDENCE ON A FARM? YES NO K
3. NAME OF First DECEASED (Type or print) George	Middle Frank	Royston	4. DATE Monti OF DEATH Sept.	25, Doy	Yeor 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED [	8. DATE OF BIRTH 10/18/1896	9. AGE (In years lost birthdoy) 63 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Railway Express Agency	F BUSINESS OR INDUS	Virgini	a	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME  Claude Royston		14. MOTHER'S MAIDEN N Blanche	Popham		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  Yes WW I  ?		rences Royst	4890 Ba	ttery La	ene
18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	), (b), and (c).] Corona	ny Ocelus	ion	INTER	VAL BETWEEN I AND DEATH MUNICIPAL
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  DUE TO  (b)  (b)  (c)	rid Scleso	the Hear	Diseme	-	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition give		WAS AUTOPSY PERFORMED? (ES NO -
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port 11 of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work of of work of		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased from alive an 1960,		occurred at 10:40	N, fram the causes at	nd an the date	stated abave
PHYSICIAN'S BON JOWEN TO SECOND		M.D. 7733 alm	Appress (Street, city or town, s La Lue ) 1'W M	ashengtond	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N REMOVAL (Specify)	AME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or	r county)	(Stole)
	irview Ce	eme tery	Culpeper V BY REGISTRAR 246. REGIST	irginia TRAR'S SIGNATURE	

The S.H. Hines Co. 2901 14th St., N.W. Washington 9.D.C.

VS A15 (4) 15M 10/57

the funeral director, should be filed with

the attending physician and campletely filled

requires that the death certificate be

Then please remove carbon popers. vent within 72 hours ofter death.

after deoth. Page,

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OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24.

s after death. Page 4

VS A15 (4) 15M 9/58

	105	43		CE	RTIFICA	ATE	OF DEAT	Н		Reg.	Dist. No		
1.	PLACE OF DEATH				MARYLAND		JSUAL RESIDENCE (V		ed lived. If institu	TY .			
_		GOMERY.				-	MARYLA					OMERY	
	<li>b. CITY OR TOWN (If RURAL and give need)</li>	outside corporate limits,	wrile	c. LENGTH OF	STAY IN 16	1	c. CITY OR TOWN (IF	outside corp	orote limits, write	RURAL ar	d give ne	arest town	)
	OLNE	,		26 DAY	'S	12	GALTH	ERSBUR	G. MD.				
	d. NAME OF HOSPITA	AL (If not in hospital, giv	e street d	oddress)			d. STREET ADDRESS					e. IS RES	
		TGOMERY COUL	YTY (	GENERAL	Hosp.		RT. 2						FARM?
3.	NAME OF DECEASED	First		A	Aiddle	8	Last	4. DATE	м	onth	Do	y Y	Yeor
	(Type or print)	MARY		R	RUTH	F	RUNYAN	DEATH	I SE	PTEME	EP 1	2	19 60
5.	SEX		- MARRI	IED NEVER A			TE OF BIRTH		9. AGE (In year	IF UND		IF UNDE	
	C		VIDOWE		ORCED		0/10/0		lost birthdoy	) Month	Doys	Hours	Min.
10.	PEMALE	MUIE					2/12/9	9	61 y			5.1/11.5	
100	during most of work	N (Give kind of work do ng life, even if retired)	ne IUO.	KIND OF BUSIN	ESS OK INDU	SIKT	II. BIKIHPLACE (STOT	e or toreign	country)	12.0			OUNTRY?
I	Retired-	Internal	Reve	enue Ag	gent		WASHINGTO	N, D.	C.		U. S	. A.	
13.	FATHER'S NAME					14	MOTHER'S MAIDEN	NAME					
7	LEE J	RUNYAN					GERTRU	DE SCO	TT				
	WAS DECEASED EVER	IN U. S. ARMED FORCE		SOCIAL SECURIT	Y NO. 1	INFOR	MANT			ddress			
(Ye	Yes (	f yes, give war or dates of serv	ice)	none			Joseph Tal. D	FCODDC	OLNE	Y. M	3		
=				none			HOSPITAL R	ECURDS	, ULNE	7 9 111			
		TH [Enter only one cous	e per lin	e for (o), (b), on	id (c).]						ON	ERVAL BE	DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION  DUE TO INTRAABDOMINAL CARCINOMATOSIS  Condition if any which													
3	gove rise to immediate												
	couse (a), stoting the under-												
7	lying couse last.	) (c)_											
ě	PART II. OTH	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING T	O DEATH BUT	TON	RELATED TO THE TER	MINAL DISEA	SE CONDITION C	SIVEN IN P	ART I(o)	PERFO	RMED?
CAI												YES	NO K
ERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year Hour o. m.  90c. TIME OF INJURY Month, Doy, Year Of While of work of												
AL C			I		- [00 00								
DIC	Hour o.m.	Month, Doy, Year	While	JURY OCCURRE  Not while			OF INJURY (Home, for street, office bldg., e		ty or town)		(County)		(Stote)
ME	p. m.	19		ot work									
	21. I certify the	at I attended the o	lecease	ed from As	4.		, 1958 to	Seat	-12196	Shot I	last say	w the d	ecensed
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	SIGNATURE	mun	110	uacu	un .	M.D.					2,	/12/6	10
	PHYSICIAN'S												
	NAME (Type)	JACK SCHUMA	CHER	. M. D.			GAITHE	RSBURG	MARYLA	ND			
220	BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF	CEMETERY C	R CRE	MATORY	22d. LOCA	ATION (City, town	, or count	y)	(Stote	e)
	Burial	9/15/6	C	Arli	ngton	N	ational		Ft. Myre	T ne	ling	into	
23.	FUNERAL DIRECTORS	SIGNAJURE/	-11	ADDRESS		97	240. REG	C'D BY REGIS	TRAR 246. RE	GISTRAR'S			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 10330

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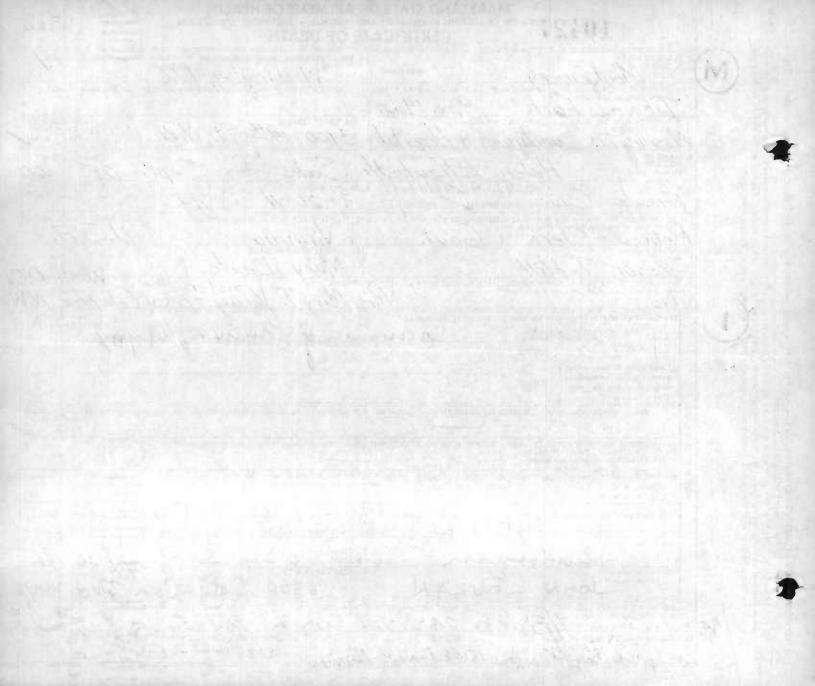
1. PLACE OF DEAT	Mentgemery		MARYLAND	2. USUAL RESIDENCE (WI	here deceased	l lived. If institution b. COUNTY	n: Residenc		nission)		
b. CITY OR TOW RURAL ond gi	b. CITY OR TOWN (If autside corporate limits, write  RURAL and give negrest town)  7 yrs				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Gaithersburg						
d. NAME OF HO	OSPITAL (If not in hospital, g	give street	address)	d. STREET ADDRESS	s Ave			10	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Alber		Natlean	Rutledge	4. DATE OF DEATH	Sept	th 26	Day	Year 19 60		
s. sex M ale	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH Feb 11-189	4	9. AGE (In years last bythday) yrs.		YEAR IF UN	NDER 24 HRS.		
10a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State Tenn,	or foreign co	ountry)		ZEN OF WH	IAT COUNTRY		
13. FATHER'S NAME	nnely Rutl	.odge		14. MOTHER'S MAIDEN N							
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	Herman Ru	tledg	e. Gai		sburg	.Md.		
Conditions, gave rise t	DEATH [Enter only and co	0)	me for (a), (b), and (c).] Heart Myoca	Failure rdial 1	nfo	ur cti	64	INTERVAL ONSET A	BETWEEN ND DEATH		
NOTE PART II.	ost. (c	DITIONS (		IT NOT RELATED TO THE TERMI			EN IN PART	PER	AS AUTOPSY RFORMED?		
20c. TIME OF IN	F WAS UNDERLYING  ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  NJURY Month, Day, Ye p. 19		NJURY OCCURRED 20e. F	PLACE OF INJURY (Hame, formactary, street, office bldg., etc.	n, 20f. (City		(Ca	ounly)	(State)		
21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that lattended the	deceas , 19 (	/	h occurred at 2: P		the causes of reet, city or town,	nd on th		ne decease ated above DATE SIGNE		
REMOVAL (Spe Buris	9-29-6		McConnels		_	ION (City, town, o	8	Va.	itale)		
23. EUNERAL DIRECT		r.	ADDRESS Gaithersbur	24a. REC'I	P 2 8 160		TRAR'S SIGI	1 .			

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH

PRIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



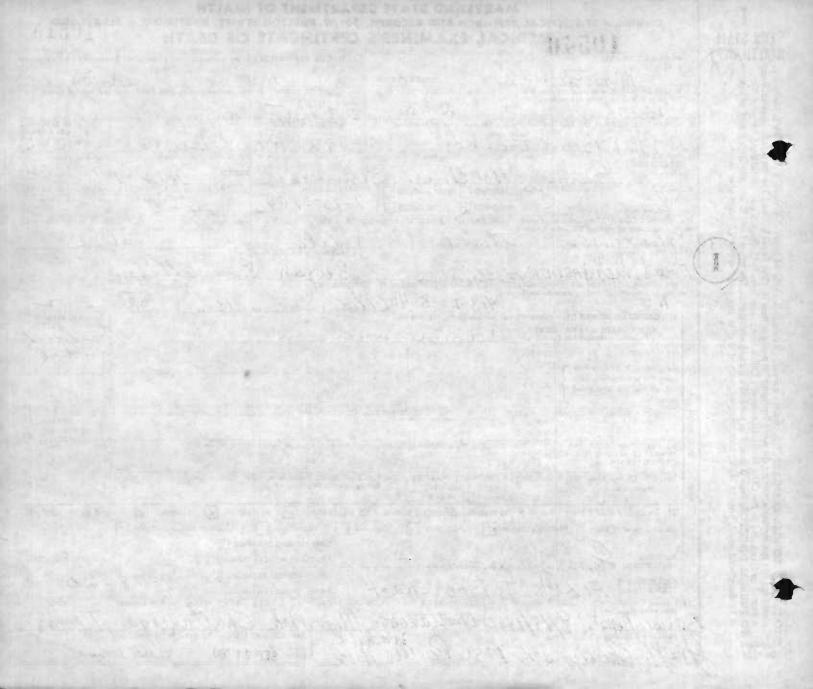
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10514

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is ofter death. Page 4	may be (Aslined by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	
15	M 9/59	

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN	Moc II. de s/Manuschiery
	RURAL and give nearest town	Lamel Renal 1603:
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	209 PREET ADDRESS . e. IS RESIDENCE ON A FARM?
	Fairland Musing Hame	Sandy Spring Road YES NO
	3. NAME OF DECEASED (Type or print) George Tilgwess	ellers 4. DATE September 7 1960
	5. SEX 6 COLOR OR RATE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AG5 in years lost birthday)  B. DATE OF BIRTH  9. AG5 in years lost birthday)  Months  Days  Hours  Min.
	WIDOWED DIVORCED	Rugust 24 1872 88 m
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY WBIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY  Pikesnelle Md USA
	13. FATHER'S NAME William a Sellew	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown) (If yes, give war or dates of service)	Mrs. Hilla Barnels Rawel Mil
	18. CAUSE OF DEATH [Enter only one cause partine for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	or rombose, pay
	DUE TO DUE TO	1/2 // //
	Conditions, if ony, which gove rise to immediate (b)	to the
	couse (a), stating the under:   lying couse lost.	1: College 1 204
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALL OPS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Port II of item 1B.)
		PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.) !
	Hour o. m. While at wark at work	
	21. 1 certify that (1) (this haspital) attended the deceased from	ım. 5 4 1960.ta 17 18 Ohat (I) (we) las
	saw the deceased alive an 1900, and the	at death accurred at AM, from the causes and an the date stated above
	10. SIGNATURE	ATTENDING MED. STAFF SIGNEL  M.D. PHYS. DIRECTOR PHYS.
	22c. PHOSICIAN'S NAME (Type)	22d. ADDRESS
	B.P. WARREN	Jaure My
	330. BURIAL, CREMATION, 23b. DATE/THEREOF 23c. NAME OF CEMETER BREMOWAL (Specify) 9/9/60 Union	Centery Butaneville Mel
1	24. PUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATE SEP 1 3 '60 25b. REGISTRAR'S SIGNATURE
1	and the southern of well	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH JOFP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give needs) town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE ON A FARM? YES NOT 3. NAME OF Middle Dey Yeer DECEASED OF (Type or print) DEATH 19 60 5. SFX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED Months Days Hours WIDOWED V DIVORCED USUAL OCCUPATION (Give kind of work RIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? do ducing most of working life, even if retired) ve Pages PM3. Pag 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES Address (Yas, no, or unkown) | (If yes give wer or detas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), steting the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 70 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE C FUNERAL. DEPUTY MEDICAL EXAMINER EXAMINER'S OSCHANT should NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) 040 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE SEP 21 '60 5M 7/59 Orthur S. Thous



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND MONTGOMERY D.C. c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) WASHINGTON SILVER SPRING 6 weeks d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 2726 Connecticut Ave., N.W. YES INO P WHEATON-SILVER SPRING NURSING HOME NAME OF First Middle 4. DATE Month DECEASED SEPTEMBER DEATH 1960 (Type or print) ETHEL THEODORA SHANE S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs FEMALE WHITE July 31, 1890 DIVORCED IN WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. Gov't. Sect'y. Veterans Adm. Washington, D.C. U.S.A. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ella Yennev William Theodore Shane 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Harold R. Northup, 4000 Mass. Ave., N.W. no none Washington, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Exhaustion and cachexia 2 welks DUF TO (b) cirrhosis of liver Conditions, if ony, which 4 years gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO V cerebral thrombosis 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (I) (this haspital) attended the deceased fram. 2/1/4919 to 9/22/60 19 that (I) (we) last saw the deceased alive on 9/21/60 19 and that death accurred at 7:30 film the causes and an the date stated above. 220. SIGNATU 22b. DATE SIGNED ATTENDING PHYS. MED. STAFF PHYS. 22c. PHYSICIAN'S 1852 Columbia Rd. N. W. NAME (Type Washington 9, D. C. Horace H. Custis. 23g. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 9/24/60 GLENWOOD CEMETERY WASHINGTON, D.C. 25h REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ADDRESS SILVER SPRING, MD. INC. arthur S. Kraus

DATESEP 2 7 '60

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after death. Page

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24,

ion and campletely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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g. COUNTY		2. USUAL RESIDENCE (Where de	eceased lived. If institution: Residence	ce before admission)
Montgomery	MARYLAND	South Car	olina b. COUNTY Gree	nville
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and g	ive nearest town)
RURAL and give nearest town)  Bethesda	21 days	Greenville	77%-	23
d. NAME OF HOSPITAL (If not in haspital, give		d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	Bethesda 14. Md.	101 Mount Vis	to Assemble	ON A FARM?
The Clinical Center,		T		
NAME OF DECEASED First	Middle		ATE Month	Day Year
(Type or print) Bryan		C32.0014	September	7, 1960
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years left UNDER last birthday) yrs.	
.,,,,,,	IDOWED DIVORCED	February 26, 19		Pays Hours Min
<ul> <li>USUAL OCCUPATION (Give kind of work don during most of warking life, even if reticed)</li> </ul>	e 10b. KIND OF BUSINESS OR INDL	JSTRY 11. BtRTHPLACE (State or for	eign country) 12. CITI	ZEN OF WHAT COUNTR
None (Minor child)	None	South Caroli	na	U. S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Bruce Shaw		Barbara Willi	ams	
WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	NFORMANT The Medica		
es, no, or unknown) (If yes, give wor or dates of service	.m)		er, Bethesda 14,	Maryland
1B. CAUSE OF DEATH [Enter only one cause			01, 200110044 -4,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cardiac Arrest			UNKNOWN
IMMEDIATE CAUSE (o)				
Conditions, if any, which ) (b)	Congenital Hear	t Disease		Unknown
gove rise to immediate DUE TO	-			
lying cours last				
/ (0)_	TONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTION TO DEATH BO	THO RESIDED TO THE TERMINALE	MISERSE COMMINGNO ON EN INTERNA	PERFORMED?
	December 110111 111111111111111111111111111111		0 . 14 . 6 2 30 3	YES 🔀 NO
20g. ACCIDENT WAS UNDERLYING   200	b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part 1	or Port II or (Iem 18.)	
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19			70-70-71	
20c. TiME OF INJURY Month, Day, Year	£.	LACE OF INJURY (Home, farm, 120 octory, street, office bldg., etc.)	f. (City ar town) (C	Caunty) (Sto
p. m. 19	White Not while at work of work			
21. 1 certify that (I) (this haspital) of	attended the deceased from	August 17. 1060	September 7106	0 that (1) (wa) to
saw the deceased alive ansepte				
22g. SIGNATURE	MUDEL117_00, and final	death accurred an 20 pm	fram the causes and an the	22b. DATE
15 TO 15		ATTENDING MED.	STAFF	9-8-60
122c. PHYSICIAN'S	moran	M.D. PHYS. DIRECTO	or Phys. Center, N	
NAME (Type) NINA STARR	PRAIMMAID M.D.			
J	BRAUNWALD, M.D.		of Health, Bethes	da 14, Md.
a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town, or county)	(Stote)
irial-transit_9-8-6	0 Woodlawn	Cemeterv G	reenville, Sou	th Caroli
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
ROBERT A. PIMPHI	REY Bethesd	a. Md.	13'60   Cathur &	Tiraces

may be reference by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or the Stote Board of Health prior to burial, cremation, ar removal, and in any eventuality 72 haurs after death. TO HOSP VR A15 (4) 1SM 9(59 Rovs

DATE TO

24.503 Trong P Strong P NUMBER OF STREET PARTY OF THE SECOND STREET, 22 TO SECOND STREET, STRE e comment of the comm A STATE OF THE PARTY. editor in and the same sould be and recellment time by newenting the involven the second of th District and the state of the s 作用 医骨髓型 [1] 等于 [1] "我们是我们是我们是我们是我们是我们是我们是我们是我们

George Co

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24a. REC'D BY REGISTRAR

DATE SEP 1 3 '60

may be recained by the TO FUNERAL DIRECTOR: O HOS VS A15 (4) 15M 9/5B

Ruria

23. FUNERAL DIRECTOR'S SIGNATURE

Montg.

Funera

Ave., Rockville. Md

directar,

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After this certificate has been signed

or attending physicion

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after death. Page

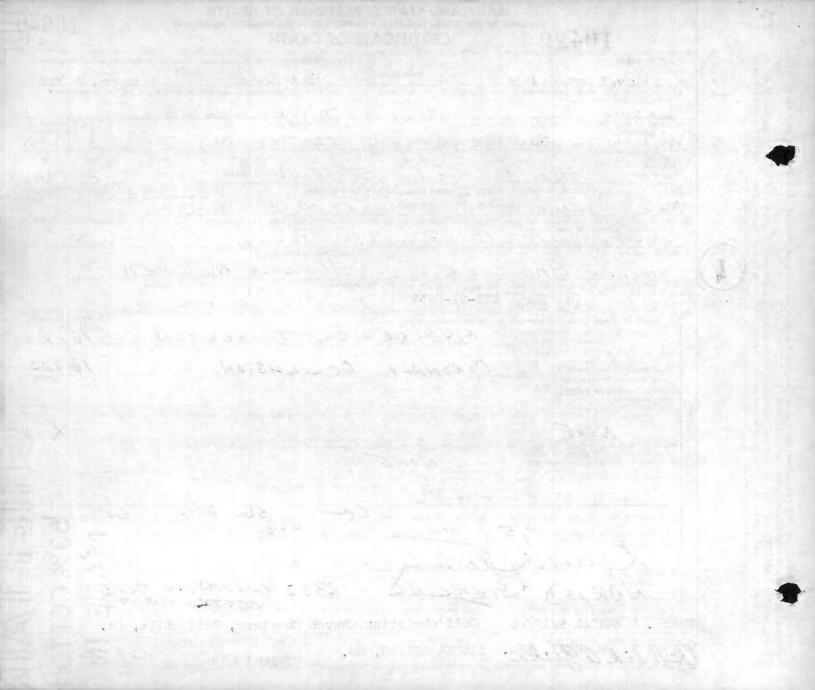
ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

		AN CURL	
in Beenfrent		C4 ,130 et	
an eval resort (Fig. 1)		The same was sell to	
	AND THE PERSON		
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T-product of	outen filene (e. im		
	ATTEMENT OF BUTTER		
	AM OF THE SEC	THE RESERVE OF THE PARTY OF THE	

)	1. P	LACE OF DEATH . COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	•	Taxoma Park 14 hrs.	SILVER SPRING 27
15	- 0	I. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1	1	NashiNG-TON SanitaRIUM + HOSPITA	12207 Ken dall 51 YES NO.
		HAME OF First Middle BECEASED Type ar print) Harold George	Shoffner Day Year OF DEATH 9 6 1960
	S. S	EX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	Male White WIDOWED   DIVORCED	1-29-17   lost birthday)   Months Doys Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  OLICS REPOSENTATIVE COLIF. Packing Co	STRY 11. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)		George Shoffner	Florence McDowell
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
	(10)	VES   If yes, give war or dotes of service) 173-01-8032	Hospital Records
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	DIAL TAFARESTIAN ONSET AND DEATH
		IMMEDIATE CAUSE (o)  DUE TO	
		Conditions it any which I Page along V	Occiusion 164RS.
		gove rise to immediate	ECERAGION TOTAL
		couse (o), stoting the under-	
	7	lying couse lost. (c)	THE PERSON OF TH
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
4		NONE	YES X NO
	CERTIFI	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	EDI	10 While Idol while	ctory, street, office bldg., etc.)
	2		10- 81. 0/1 12
		21. I certify that (I) (this haspital) attended the deceased fram	193 G.ta 7/45, that (1) (we) last
			death accurred 214,M, from the causes and an the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
,			M.D. PHYS. DIRECTOR PHYS.
/		PHYSICIAN'S NAME (Type) ROLD STERLING	1352 YNIVERSITY BEUD
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY Zid. LOCATION (City, town, or county) (State)
	TR	ANSVAL & BURIAL 9/10/60 Gulf Christia	n Church Cemetery, Gulf Mills. Pa.
	24	FUNERAL DIRECTOR'S SIGNATURE - ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Y A	White B. PUMPHREY ANC. SILVER SPRING,	MD. DATE SEP 1 3 '60 arthur S. House

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page 4 may be required by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled any the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59



OR ATTENDING PHYSICIAN: The law requires that the death certificate be

TO FUNERAL

VR A15 (4) 15M 9/59

after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10521

1.		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Takera (a. )  d. NAME OF HOSPITAL (If not in haspital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington  D. C  e. IS RESIDENCE ON A FARM?
	Washington Ban - Hospital 5	121 - 4 Th St. N. E. Apt 105 YES   NO
3.	3. NAME OF DECEASED (Type or print) Mayr Middle	HUKIN OF DEATH 9 12 1960
5.		ATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS last birthday)  78 yrs.  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS last birthday)  Manths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Russia u.s.a
)- 13	Morris SHUKIN	Ethel (unknown)
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	a ald Road
7	18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), ond, (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost.  Conditions of the property of the prope	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
- u	ICATIC	PERFORMED? YES NO  inter nature of injury in Part I or Part II of item 18.)
- 1	ZOC. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, street, affice bldg., etc.) (County) (State
	21. I certify that (I) (this haspital) attended the deceased from	h occurred of 21-PM, from the couses and on the date stoted obove
2/	NAME (Type) 235 DATE THEREOF 239 PIAME OF CEMETERY OR CF	REMATORY 23d. LOCATION (City wn, or county) (Stole)
2.	24 FUNERAL DIRECTOR'S SIGNATURE HONE ADDRESS 17-999	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE SEP 1 4 '60 Chilling S. Kraua

M May H The sale and a view of the contract of  MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Holds to at a tempo Viene alim in discharge in the statement of the second of the statement of The first two dealers are the first that the first De and death death of the death of the section of t A S U . T. U . Silly and the little and an in a continue of Jani he omen respectatel mes estatences attended to the second of the Orderstin 1-27-81 Pt. Librain 18 Allertin 18-79-9 Allertin 18-79-9

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT 2. USUAL RESIDENCE (Where deceased flyad, If institution: Rasidence before edmission) 1. PLACE OF DEATH . COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 outside corporata limits, write RURAL and give mearest town) write RURAL and give negrast town) 50 HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO W NAMEOF DATE Month DECEASED OF (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 8. DATE OF BIS IF UNDER TYEAR IF UNDER 24 HRS. Days Months WIDOWED T DIVORCED PATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) MAIDEN NAME Soaper (Yas, no, or unkown) (Ifyasgivawerordates diservica) Yes CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO geve rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO Y 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING 10d. INJULY OCCURRED | 20a, PLACE OF INJURY (Homa, farm. 20c. TIME OF INJURY 20f. (City or town) Month, Day, Yaar (County) (Steta) factory, street, office bldg., atc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection K. Inquiry 🗶 and in my opinion forwarded P death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Slate) REMOVAL (Specify) Suitland, Maryland 940 g Hill Crematory Cremation 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Robert A. Pumphrey Bethesda, Marylandare SEP 9 5M 7/59 Cirthur S. Kraus

D. C. F. W. Later Byennes The Colombia Market of the second of the sec The second of th the state of the s SALAN J. Rejecus of passent for the salar Grandwice S/8/50 Gedar Hill Charactery | Smithand / Naryland 10550

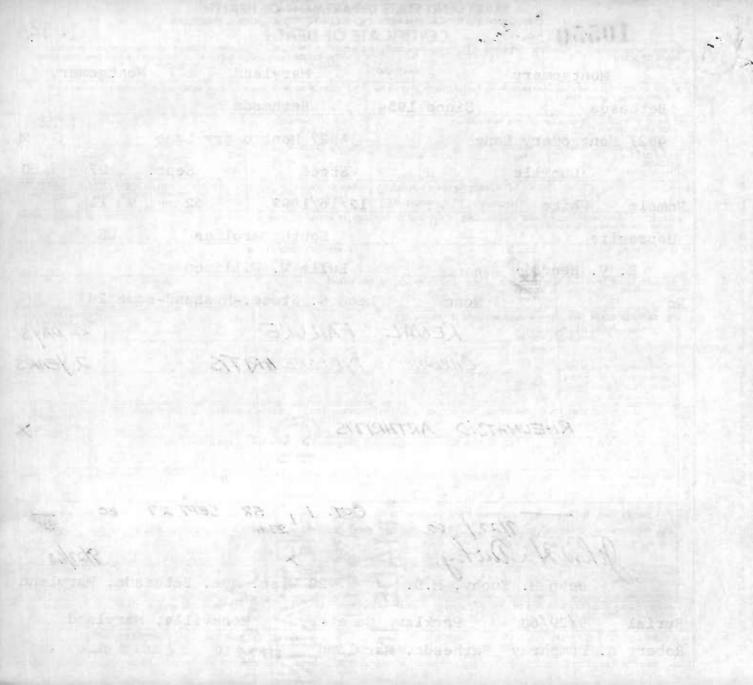
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10524

1. f	LACE OF DEATH	Montgomer	. <del></del>	MARY!		o. STATE	arvl		l lived. If instituti b. COUNTY	21		re admissi	
ŀ	. CITY OR TOWI	N (If outside corporate lim		c. LENGTH OF STAY	N 1b		7		roté limits, write f		0	- 4	
	Bethe:			Since 19	34	118 B	ethe	sda					
(	OR INSTITUTION	SPITAL (If not in haspital, son 4826) Montgomery		address)		d. STREET AD	DRESS	gomei	rv Lane				IDENCE FARM? NO 🔯
	NAME OF	Fi		Middle		Last		4. DATE	Mor	ith	Do	y ì	Yeor
	Type or print)	Lucille	2	Н		Steed		OF DEATH	Sept		27	1	19 60
5. 5	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 🔲 B	DATE OF BIRTH			9. AGE (In years last birthday)		R 1 YEAR	IF UNDE	
F	emale	White	WIDOW	ED DIVORCED		2/16/1	897		62 yrs.	Months	Ti	Hours	Min.
	USUAL OCCUPA	ATION (Give kind of work	done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CI	TIZENOI	WHATC	OUNTRY
	Housew:	varking life, even if retired	)			Sou	th C	aroli	ina		US		
13.	FATHER'S NAME					14. MOTHER'S							
	E	V. Hendrise	- He	ndrix		Lulla	W.	Will:	imon				
	WAS DECEASED	EVER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT				lress	1.60		
	, no, ar unknawn)	(If yes, give war or dates of		None	Le	eon S.	Stee	dHi	usband-	same	2d		
	PART I.		)	RENAL	_	FAIL U PYELON			5			A YE	
NO	couse (o), state lying cause to		=)	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THETERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS /	AUTOPSY
CATION		RHEU	MATI	DID ART	THRI	TIS						PERFO	RMED?
CERTIFIC	200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	(Enter nature of	injury in P	art I ar Pari	t II of item 18.)				
MEDICAL	20c. TIME OF IN Haur o. p.	10	While at wor	NJURY OCCURRED  Nat while rk at work	20e. PLA	CE OF INJURY (H ory, street, office	lame, farm, bldg., etc.	20f. (City	or town)		(County)		(State
	saw the dec	that (I) (t <del>his hospita</del> eased alive an	9/2:	ded the deceased			/						
	220. SIGNATUR	John H.	Du	ohy,	N	ATTENDING	DI	D. RECTOR	STAFF PHYS.		97	27/60	SIGNED
	PHYSICIAN NAME (Typ		Tuc	bhy, M.D.		7720		. Av	e. Beth	esda	a, M	ary]	Land
- 10	BURIAL, CREMA REMOVAL (Spec		OF	23c. NAME OF CEME Parklaw			7		TION (City, town, kville,		_	nd	e)
		OR'S SIGNATURE	-14	ADDRESS	-			BY REGIST		ISTRAR'S S			
F	lobert	A. Pumphre	y B	ethesda,	Mar	yland	DATESER	29'60	0 an	thun S.	Than	A	

TO HOSP VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEDTIFICATE OF DEATH

10525

10554	CERTIFICA	IE OF DEATH		10000
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	L COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	atside corporate limits, write RU	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
U.S. Naval Hospital, Bet	hesda, Maryland	250 Farragu	t St., N.W.	YES NO 🔀
3. NAME OF First DECEASED (Type or print) MOTTIS	Middle (n)	Lost STEELE	4. DATE Mont OF DEATH SET	tember 2 1960
		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Caucasian WIDOW	100	8-14-96	lost birthdoy) 64 yrs.	Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  U.S. Marine Corps	U.S. Marine Co		Jersey	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
George Steele		Frances RO	BINSON	
		NFORMANT S. Ella STEELE	Same as 2	
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), and (c).]	,		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	engery for o	ebdominal a	ortic aneur	years gens
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	val disease condition giv	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While of wo	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) attends as the deceased alive an 9-2-	ded the deceased fram		0 , ta 9-2-	d an the date stated abave.
220. SIGNAFURE Clemathan	/	M.D. PHYS. ME		9-2-60 22b. DATE SIGNED
J. E. MC CLENATHAN,	CDR, MC, USN	U.S. Nava	l Hospital, Be	thesda, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9-7-69	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, c	or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE DEAL FUNERAL HOME, 4812	Georgia Ave.,	N.W., Wash. D.C.	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

TO HOSF OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page a may be refained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled at by the funeral director page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Boord of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

s ofter death. Page 4

VR A1S (4) 1SM 9/S9

HIAST TO STADING TO SEATH reserved to served to the serv with the at the property is the the property of the first good to be at the C.C. MUSTHO COMP. B.E. Harting Corps. May northly ACCOUNT OF THE PARTY OF THE PAR the state of the s Don't surrent are a property of the second second and a second second second second second second second second

## 1000 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	10552	1011 01 31	CERTIF	ICA	TE OF	DEATH		ARTEAND		10:	526
1. PLACE OF DEATH p. COUNTY Montgomen	ry		MARY	<b>LAND</b>	O STA			ived. If institution b. COUNTY	n: Residence	before adr	nission)
	(If outside carporote limit negrest tawn)	ts, write	LENGTH OF STAY	IN 1b		OR TOWN (IF a	autside corpora	te limits, write RU	RAL and give	e nearest t	own)
d. NAME OF HOSPITAL (If not in haspitol, give street address) OF INSTITUTION U. S. Naval Hospital					d. STI	7 Fort	Summer :	Drive	1	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fii Bel		Middle			Last ONER	4. DATE OF DEATH	Month Septem		Day 26	Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔲	8. DATE O		9.				NDER 24 HRS
Female	Caucasian	WIDOWED	M DIVORCE	D	12-	14-79		lost birthdoy) 80 yrs.	Months De	ays Hou	ers Min.
Oo. USUAL OCCUPA during most of w Housewife	TION (Give kind of work orking life, even if retired	done 10b. Ki	ND OF BUSINESS C	OR INDU	STRY 11. B		or foreign cou	ntry)		NOF WHA	AT COUNTRY
13. FATHER'S NAME					14. MO1	HER'S MAIDEN	2				
William F	BAILEY				Mia	lma DUL	L				
WAS DECEASED E	VER IN U. S. ARMED FOR		CIAL SECURITY NO	). 17. IF	FORMANT			Addre	ss		
No	(if yes, give wall or doles of s		one	(D)	Mrs.	Paul W.	. Russe	ll, same	as #2	abor	re
18. CAUSE OF D	DEATH [Enter only one co	use per line	far (a), (b), ond (c)	]							BETWEEN
PART I. D	EATH WAS CAUSED BY:	,	Myocar	1100	In	fanction				ONSET A	ND DEATH
420	DUE TO		J								TAGETS.
Conditions, if	any, which ) (b	, (	Arterios	clo	tore	c Hez	of tri	S C CAP !		10	LA CO POLE
gove rise to cause (a), statin lying couse los	immediate DUE TO										3
PART II. C	OTHER SIGNIFICANT CON		NTRIBUTING TO DE	ATH BUT	NOT RELA	ED TO THE TERM	NINAL DISEASE	CONDITION GIVE	N IN PART 1	PEI	AS AUTOPSY RFORMED?
○ CONTRIBUTION     ○ CO	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRE	D. (Enter no	ture of injury in	Part I or Part I	l of item 1B.)			337
20c. TIME OF INJ	n. 10	20d. INJ While at work	URY OCCURRED  Not while at work			URY (Hame, farm office bldg., etc		r town)	(Cou	inty)	(Stote
	hat (I) <b>possible on Se</b>	) attende pt. 26	(0			6.6	DAIM	Sept. 26			
22a. SIGNATURE	(John Mr.	de	Panis		M.D. ATTE	NDING M	AED.	STAFF PHYS.			22b. DATE 26-60 PEL
22c. PHYSICIAN'S NAME (Type		DAVIS,	LT, MC,	USN		. S. Nav	ral Hosp	oital, Be	thesd	a, Mo	1.
23a. BURIAL CREMAT REMOVAL (Special BOX/AL)	hipment/9-2	6-60	23c. NAME OF CEM Scottda	_			23d. LOCATIO	ON (City, town, ar	-	nn.	Stote)
24 JUNION DIRECT		Home.	ADDRESS Bethesda.	Md.			D BY REGISTRA		TRAR'S SIGN		

TO HOSP VR A1S (4) 1SM 9/S9

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### FOR STATE HEALTH DEPT.

WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision, please executed executed executed executed executed the property of the control of the

VS. ALSME

5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 105.74 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10528

Reg. Dist. No.

	1. PLACE OF DEATH		2. USUAL RESIDENCE (W	Vhere deceased lived. If institution: Res	idence before admission)				
	Montgomery	MARYLANI	o. STATE Maryl	and b. COUNTY	Frederick				
	b. CITY OR TOWN (If outside corporate limits, write and give nearest lown)	e sural c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corporate limits, write RURAL	and give nearest lown)				
Н	Westmore	2 hrs	Mt Ai	ry- Rural - R.F.D.	#4 / TX = 1				
	d. NAME OF HOSPITAL OR INSTITUTION (	(If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
	A.J.Ellis Constructi	on Co.	Old A	nnapelis Read	YES NO				
	3. NAME OF DECEASED Fire	rst Middle	Lost	4. DATE Month	Day Year				
	(Type or print) James	Earl Teague		DEATH Sept 7	19 60				
1	5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	Fresh broth day 3	ER TYEAR IF UNDER 24 HRS.				
1	male white	WIDOWED DIVORCED	5/2/30	30 yrs. Months	Days Hours Min.				
	10a, USUAL OCCUPATION (Give kind of work during most of working life, even it retired)	done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIOIS	or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?				
	laborer	Construction	y morth	Parolina	USA				
	13. FATHER'S NAME	- Corror pacer 10	14. MOTHER'S MAIDEN N		UDE				
	Anna 7	020110	Cz the	ing Among					
	15 WAS DECEASED EVER IN U.S. ARMED FO	PRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address 1	845.14 22				
	(18 yes, give wor or dates of	245-40-4470 K		7/2	y F. Walled				
	210 200,		eurge 12.	Ilaque V. 112	10 thes m				
	18. CAUSE OF DEATH [Enter only one cou	use per line for (o), (b), and (c).			INTERVAL BETWEEN CONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Transection cervi	cal spinal cor	rd	immediate				
	DUE TO								
	Conditions, if ony, which) (b) Fracture disdocation cervical vertebrae sudden								
	gave rise to immediate cause (a), stating the underlying DUE TO	gave rise to immediate cause							
		Crushing trauma (	Falling heavy	drane)	sudden				
		DITIONS CONTRIBUTING TO DEATH BU			ART 1(0) 19, WAS AUTOPSY				
	PART II, OTHER SIGNIFICANT CON				PERFORMED?				
	200. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING	06. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	Flor Port II of item 18.)	J				
100	200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.								
Y		Dismantling a Lar or 20d. INJURY OCCURRED 20e. P			County) (Stole)				
	E Ham	While Not while	ctory, street, office bldg., etc.)	)					
			estmore		ntg. Md.				
	21. I certify that I took charge	e of the remains described of	ove, held an Autopsy	y 🔀, Inspection 🔲, Inqu	piry , ond in my				
	opinion death resulted from: I	Natural causes [], Accident	X, Suicide , F	Homicide [], Undetermined	manner				
	2	0							
	SIGNATURE SIGNATURE	-Burhant	M.D. CHIEF MEDICAL EX	AMINER [	DATE SIGNED				
	1		ASSISTANT MEDICA	AL EXAMINER [] 9/7/	60				
	NAME (Type) Frank J. E	Broschart	DEPUTY MEDICAL E		00				
	220. BURIAL, CREMATION, 22b. DATE THEREC		OR CREMATORY	22d. LOCATION (City, fown, or county	(Stole)				
	Removal (Specify) Sept.9.1			Boone,	North Carolin				
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	D BY REGISTRAR 24b. REGISTRAR'S					
	M. R. Etchisen & So	n. Fredetick, Mary	land						
			DATESEP	P 1 3 '60 Circhur 8	Three				

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### FOR STATE HEALTH DEPT.

TO DEP! MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the control of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health,

VS. A15ME 5M 2/57

ar its designated agent, priar to burial, crematian, or removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1. PLACE OF DEATH O. COUNTY Monteromore					O STATE	ence (Where		ived. If institu	titution: Residence before admission)							
1		Montgomery MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b								MO	ntg.		- 1				
	and give nearest town)	ond give norvel (in ourse)  Bethesda  2 days					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 Bethesda										
		d. STREET ADDRESS e. IS RESIDENCE															
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				6314 Bells Mill Rd . ON A FARM												
	3. NAME OF DECEASED	011420		Middle	Middle		4. D/	ATE	Mont	h Do		Y	ear				
	(Type or print)			L. Terr		y		DEATH Ser		t. 19, 19		960 19					
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARR	1ED   8.	DATE OF BIRTH		9. /	AGE (In years		-		ER 24 HRS.				
	female	white	WIDOWED			11/12/1			48 yrs.	10ths	Deys	Hours	Min.				
	during most of working	a life, even if refired)				RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY											
		Kitchen Supervisor Georgetown Hospita					al Ga. USA										
1		13. FATHER'S NAME								dress 10110 Summit Ave.							
		er C. Heat					W. Flor	vers									
/	115. WAS DECEASED EVE	R IN U. S. ARMED FO lif yes, give wor ar dates of	sancical .	SOCIAL SECURITY NO	10	FORMANT											
	yes	WW 2	P/	9-09-092	Mr.	John Te	rry, s	tep-s	on	Kens	ingt	on,	Md.				
	The state of the s	H [Enter only one cou	se per line	or (o), (b), and (c).]		001	1					VAL BETWE					
	272	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TUMBNAM COLUMNA SUBJECT															
	DOLOX DUE TO Solving to State of the																
	gove rise to immediate couse (b) ARMINON Of GENERO Sudden																
(a), stating the underlying DUE TO Complexity of Spirit Court										29	29 Louis						
	Z PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	TH BUT	OT RELATED TO TH	E TERMINAL D	ISEASE CO	INDITION GIV	EN IN PAR	T 1(a) 15	. WAS	AUTOPSY				
	PART II. OTH	eture Rt	- fe	mur!						Y	ES 🔀	RMED?					
	PRIMARY OF CON	200. EXTERNAL CAUSE WAS    200. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)															
		DITACT OF COT WITCH SOLUCE OF CE															
	20c. TIME OF INJUR	Y Month, Day, Yee	While	NJURY OCCURRED Not while	20e. PLAC	E OF INJURY (Hanry, street, affice ble	ne, farm, i 20f dg., etc.)	. (City or 1	lown)	(Co	unty)		(State)				
7		5:48 P.M.19	of wor	rk ot work		treet		Beth		Mont	g. M	d.					
1	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my																
	opinian death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner																
	SIGNATURE	much &	1.12	wha	t	m.u.	ICAL EXAMIN	_	7-18			DATES	ONED				
)	EXAMINER'S																
-	NAME (Type)	Trank J. Broschart A															
	REMOVAL (Specify)			22c. NAME OF CEMI	ETERY OR	REMATORY	22d.	LOCATION	(City, lown,	or county)		(State	)				
	BUT1AL  23. FUNERAL DIRECTOR	9-23-60		Arlingto	n Na	tional	Cem.		lingt			gini	a				
	ROBERT	A. PUMPH	REY	Betheso	la. N		o. REC'D BY R			lun S.		t					
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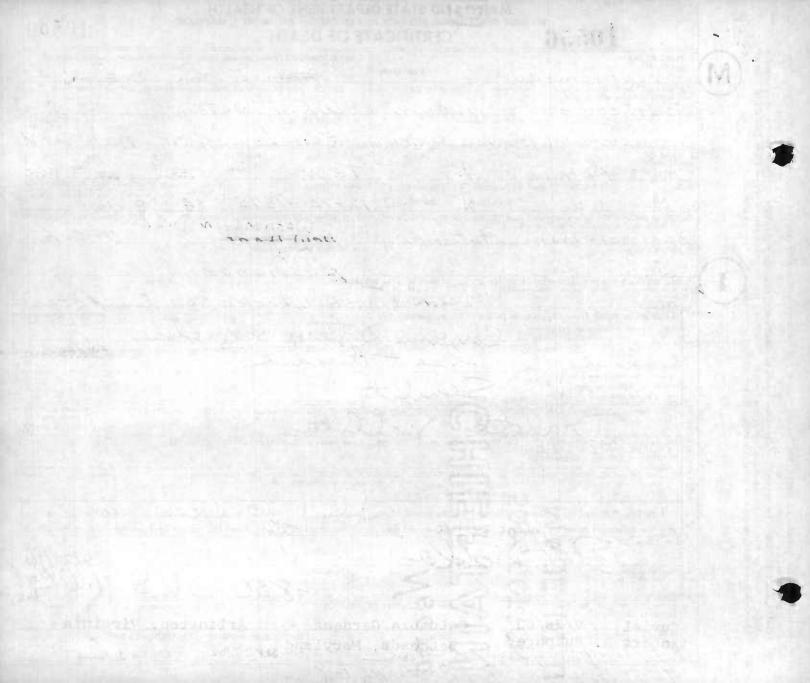
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VR A1S (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10531

	o. COUNTY Montgomery	MARYLAND	O. STATE  District of Columbia	on: Residence before damission)						
ı	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)						
	RURAL and give nearest town) Bethesda	296 days	Washington	47X-3						
	<li>d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION</li>	address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	The Clinical Center, Bet	hesda 14, Md.	437 Kennedy Street, NW, Apt. 3 YES NO X							
	3. NAME OF DECEASED (Type or print) Harry	Middle Theodore	Thompson, Sr. DATE Month Doy Year OF DEATH September 24, 1960							
	5. SEX   6. COLOR OR RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.						
	Male White WIDOW	/ED DIVORCED	August 4, 1910   So yrs.	Months Doys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work dane 10b during most of warking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	Butcher	Dealer in Mea	Dealer in Meat Maryland							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Will Thompson		Hattie Wilson							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORMANT The Medical Record Add	ress						
	(Yes, no, or unknown) (If yes, give war or dates of service) 1928 - 1931		The Clinical Center, Bethes	da 14. Maryland						
	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).]									
	PART I. DEATH WAS CAUSED BY: Ventricular Standstill									
/	/ 5 (1) \ DUE TO									
	Conditions, if ony, which (b) Anemia, Bacteremia, Inanition									
	gave rise to immediate DIETO									
1	Iving cause last.   (c)   Extensive Metastatic Carcinoma of Rectum   39 mont									
1	20g. ACCIDENT WAS UNDERLYING 20b. DE	SCRIRE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	YES NO						
		SCRIBE HOW HOOK! OCCURRE	b. (Ellier hordre of milet) in your for the victorial configuration							
	20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 of wo	Not while fo	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	(County) (Stote)						
	21. I certify that (I) (this hospital) attended the deceased December 3 1959, to Sept. 24, 19 60 that (I) (we) lost									
	saw the deceased alive on Sept. 21 1960, and that death occurred 12:15 pm ram the causes and on the date stoted abave.									
	Glorge 7. Mille, Jr. M.D. ATTENDING MED. STAFF PHYS. SIGNED									
	22c. PH/SICIAN'S NAME (Type) 22d. ADDRESS The Clinical Center, National									
	GEORGE F. MILLER, JR., M.D. Institutes of Health, Bethesda 11, Md.									
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C								
	24 FUNERAL DIRECTOR'S SIGNATURE CO	3072- MST	N.W	STRAK'S SIGNATURE						

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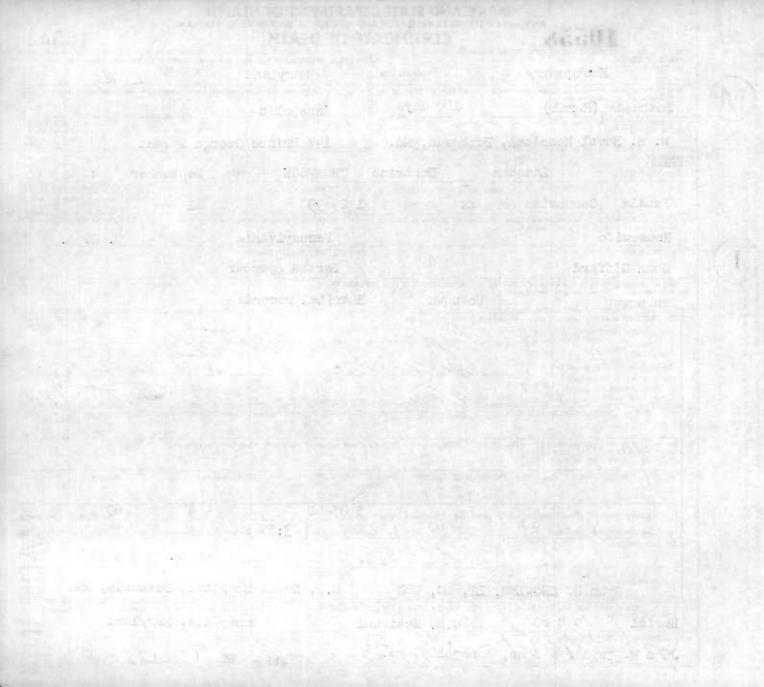
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CFRT	TEIC A	ATE (	OF D	EATH
CLICI	11107	415	V	

10532

o. COUNTY					a STATE	ence (whe		b. COUNTY	on: Residence	a.				
RURAL and give no	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Bethesda (Rural)			16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis									
d. NAME OF HOSPIT OR INSTITUTION U. S. Na		d. STREET ADDRESS  147 Prince George Street.  • IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \text{X} \)												
3. NAME OF DECEASED (Type or print)	Fii Lad	eama	Middle Beatri	.ce	THOMP	SON	4. DATE OF DEATH	Mon Septem		Day 14	Yeor 19 60			
s. sex Female	6. COLOR OR RACE Caucasian		RIED NEVER MARRIED	_	ATE OF BIRTH		9.	AGE (In years last birthdoy) 61 yrs.		YEAR IF U	INDER 24 HRS			
10a. USUAL OCCUPATION during most of work Housewif	king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY		ACE (Stote o		ntry)		S.	A.			
13. FATHER'S NAME  John Gif	ford			1	14. MOTHER'S MAIDEN NAME Bertha Spencer									
1S. WAS DECEASED EVE (Yes. no. or unknown) unknown	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no. Unknown	17. INFOI	emant ospital	l reco	ords	Addi	ress					
Conditions, if a gave rise to i cause (a), stating lying cause lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u>	) ) )	Alexo CONTRIBUTING TO DEATH	Ta)	Tie	CA THE TERMIN	OF-	The bi	LANIA LEAST VEN IN PART	1(a) 19. W	YEAR AUTOPSY ERFORMED?			
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m.  19														
21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	21. I certify that (I) (this hospital) attended the deceased fram. 5-27-60 19 , to 9-4 19-60, that (I) (we) lass saw the deceased alive on 9-4 19-60, and that death occurred at 3:55A, Film the causes and an the date stated above 22a. SIGNATURE  ATTENDING PHYS. DIRECTOR STAFF 9-60  22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS													
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	N. 23b. DATE THERE		23c. NAME OF CEMETE U.S. Nati		REMATORY		23d. LOCATIO	ON (City, town, olis, Ma	ar caunty)		(Stote)			
24. FUNERAL DIRECTOR	- 11/1/	ns, 4	Address Mo	i da	neo	250. REC'S	8Y REGISTR		STRAR'S SIGI					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. 11354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Montgomerv Marvland Montg. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest lown) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Petemac River 1955 Seminary Rd. YES NO 3. NAME OF Middle 4. DATE DECEASED John Jacob Turner Jr. (Type or print) DEATH Sept 17. 196019 6. COLOR OR RACE 7 -MARRIED THE NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) white WIDOWED 10/15/1914 DIVORCEDY 45 yrs. 10e. USUAL OCCUPATION [Giva kind of work | 10b. KIN PROPERTY | 10b 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY D. C. USA PATATIER'S NAME 14. MOTHER'S MAIDEN NAME John J. Turner, SR. Helen Eva Duley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address SulverSpring.Md (Yes. no. or unkown) | (If yes give war or dates of service) WW # 2 Edward F. Gummel. 1915 Rookwood 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia " in pencil i IMMEDIATE CAUSE (a) sudden DUE TO Drowning (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING Drowned while beating on Pot. River ners Senaca, CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year (State) factory, street, office bldg., etc.) Not While Whila Potomac R. nr Seneca Mente. To the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 9/24/60 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Frank J. Broschart Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 9/28/60 ARLINGTON NAT'L. CEMETERY ARLINGTON, VIRGINIA BURIAL 40 g 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SILVER SPRING. MD. SEP 2 9 '60 arthur S. Kraus 5M 7/59 DATE

ARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1056

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0	CERTIFICATE OF DEA	HTA

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1	1	3	4

1. PLACE OF DEATH a. COUNTY	ontgomery		MARYL		usual residence (Who a. STATE Maryla		d lived. If institution b. COUNTY	n: Resider			ian)
b. CITY OR TOWN (IF RURAL and give nee Bethesda	autside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF o		rate limits, write RI	URAL and	give ne	arest tawn	)
d. NAME OF HOSPITA OR INSTITUTION The Clinic	AL (If not in hospital, g	ive street Bet	chesda 14, M	Id.	d. STREET ADDRESS 4 Knox Place	e	1				DENCE FARM? NO 🔀
3. NAME OF DECEASED (Type ar print)	Richa		Middle Albert	,	Lost Vere	4. DATE OF DEATH	To To o Cities		00		rear 19 60
5. SEX Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED	_	June 17, 195	55	9. AGE (In years last birthday) 5 yrs.	IF UNDER Manths	Days	Haurs Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATIO during mast of warki None (Mine	N (Give kind af wark ing life, even if retired Or Child)	dane 10b.	KIND OF BUSINESS OR None	INDUSTR	11. BIRTHPLACE (State Maryland		auntry)	12.CIT		S. A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	IAME					12
J. William	m Vere, Sr				Gertrude	Thomp	son				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT The Med	lical ]	Record Add	ress			
No	yes, give war bi datas or i	0171007	None	The	e Clinical C	enter	, Bethesd	la 14	, Ma	ryla	nd
Canditians, if ar gave rise to in cause (a), stating t lying cause last.	nmediate DUE TO OUE TO	) ) DITIONS	CONTRIBUTING TO DEA	TH BUT NO	t - post ope  TRELATED TO THE TERM  Enter nature of injury in	INAL DISEAS	E CONDITION GIV	/EN IN PAI	RT 1(a)	PERFO	
20c. TIME OF INJURY	CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d. While	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, farm y, street, affice bldg., etc	n, 20f. (Cit	y ar tawn)		(Caunty)	)	(State)
21. I certify that saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive an Sep  Milliam C.	luve Awe	ded the deceased the response of the management	that dec	ath accurred at 2:	OSPM FROM IRECTOR D e Clir s of b	STAFF & nical Centeralth, B	ter,	Na:	9/8/6 tions	abave. b. DATE SIGNED
CREMATION  24-FUNERAL DIRECTOR:	9/10/60		FT. LINCOLI	CRE	MATORY		CE, GEO. (CTRAR 25b, REGI	TNUO	Y, 1		
Laymous	PUNDAREY /	INC.	silver spe	RING,	MU	EP 13'		rihun d			

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1.15 Bornett Street, M. W. Warenens Will Wallet D. S. Carrier Lanella, Van Auton Bury rather - 0/12/00 . . Pour moupain Eurol Cent Pour diapaie (Now York 

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOS

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10536

	o. COUNTY Montgomery	MARYLAND	o. STATE Maryla	nd b. COUNTY Mot	ntgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside 33 Rockvi	corporate limits, write RURAL and a	give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION LeDeau Gardens Sanits		/d. STREET ADDRESS	Justice Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Harry	Middle	Warner 4. D.	ATE Month FEATH Sept.	Doy Yeor 19 19 60
	S. SEX Male 6. COLOR OR RACE 7. MAI White Widow		8. DATE OF BIRTH  Oct. 21. 188		Days Hours Min.
/	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  13. FATHER'S NAME	), KIND OF BUSINESS OR INDUS	Masschuse 14. MOTHER'S MAIDEN NAME		ZEN OF WHAT COUNTRY?
)	TS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) (If yes, give wor or dates of service)		FORMANT	ra Hager Address ife-same 2d	
	gove rise to immediate couse (a), stating the under- lying couse lost.	erebral Me erebral me arcinoma o	tastasis  Frestate  NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of the control	INJURY OCCURRED  Not while of work ded the deceased fram	eath accurred atM, f	ta 9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	22b. DATE 9/20/60
	236. BURIAL, CREMATION, 23b. DATE THEREOF BUR-Transit 9/23/60	23c. NAME OF CEMETERY OF North Beve	r CREMATORY 23d.	Beverely, Ma	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE  Robert A. Pumphrey	ADDRESS Bethesda, Ma	ryland DATE SEP	REGISTRAR 25b. REGISTRAR'S SIG	

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S	may be Arained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, crematian, ar removal, and in any event within 72 hours after death.	
OH C	page the St	
) VR	may be knained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.	1
15	M 9/59	

114			
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence before admission)
MONIGOMERY	MARYLAND	MARYLAND	3/1-
b. CITY OR TOWN If outside corporate limit, write c. RURAL and give hearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give nearest town)
K= NS, N9 10 N 3	2 yro 6 men	7/2 BALTIMO	Re Ma
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ess) (	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
KENSINGION GARde	N SaN.	618-WESIN	GRIFFAVR YES NO
3. NAME OF DECEASED (Type or print) ALice RLANC.	he WATC	HMAN A LOST OF DEATH	Month Day Year 521 1860
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED		(In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FerrALE white WIDOWED D	DIVORCED [	Jet 17-1884 8	yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Sales Lada	Bakery	- Baltimore	me 7252
13. FATHER'S NAME	-0	14. MOTHER'S MAIDEN NAME	
Concuratus Je	eps.	unknour.	- 1 1/ 2
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOC (Yes, no, or unknown)	IAL SECURITY NO. 17. IN	FORMANT	Address District Hoyll
In you, give not a country	5	9. Durcan 7206	- Hollespits = m
1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).]	1 // /	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cant for	actual, doute	ONSET AND SEATH
DUE TO	1 1 -	1	
Conditions, if any, which (b)	fortor	empring /	& me.
gove rise to immediate Couse (o), stating the under-	0 1	1 1.1.4 1	
lying couse lost. (c)	rouce h	eh bilahoer	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ICA1			YES NO
20b. DESCRIB OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	). (Enter noture of injury in Port I or Port II of it	em 1B.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR		CE OF INJURY (Home, farm, 20f. (City or town	n) (County) (Stole)
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. 19 While of work	Not while foc	tory, street, office bldg., etc.)	
		1058 . Sem	9 10604 1111
21. I certify that (I) (this hospital) attended	/ 4	93000	19.6., that (1) (we) last
saw the deceased alive an 220. SIGNATURE	1960, and that d	earn accurred atwr, arom the co	ouses and on the date stated above.
Kahunh J. The	tadean,	ATTENDING MED. STAT	SIGNED SIGNED
22c. PHYSICIAN'S	-/	22d. ADDRESS	KENCINGTON
NAME (Type) TO BERT T.	HIBADERL	1 10609 CONCORD	AUE MA.
	C. NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (C	ily, town, or county) (Stote)
REMOVAL (Specify) Sept 12-60	moline	t Seppretay Tred	erick manytand
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / 91	70 REC D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
DIMMONS BROS.	pd! 88	DATESEP 1 3 '60	arthur S. Kraus

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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B. CLIY OR TOWN (if outside corporate limits, write 8URAL and give necreta from)  OL NEY  OL NEY  OL NEY  OL NAME OF INSTITUTION  OL NEY  OR NAME OF INSTITUTION  OR NAME OF I	o. COUNTY	MERY	MARYLAND	o. STATE		b. COUNTY		efore admis	ision)
d. NAME OF HOSPITAL [Find in hospital, give street oddress]  3. NAME OF DECEASED OF PIRITY OF THE PROPERTY OF	b. CITY OR TOWN (I	If autside corporate limits, wri	te c. LENGTH OF STAY IN 16					nearest tow	n)
3. NAME OF DECEASED FIRST  3. NAME OF ORLY OF STATE OF ST	d. NAME OF HOSPIT	'AL (If not in hospital, give str	eet oddress)						
DECASED (Type or print)  OLIVE (Type or print		Mencgemery		Box 1.71					
5. SEX  6. COLOR OR BACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  1.1/12/99  9. AGE (In work)  1.1/12/99  9. AGE (In work)  1.1/12/99  1.1/	DECEASED				OF			Day	
DIO. USIAN OCCUPATION GIVE kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNT   12. CITIZEN OF WHAT COUNT   12. CITIZEN OF WHAT COUNT   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   10. SOCIAL SECURITY NO.   15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   10. SOCIAL SECURITY NO.   15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   15. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).]   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTION (c)   19. WAS AUTOF PERFORMED (c)   15. CONDITIONS CONTRIBUTION (c)   19. WAS AUTOF PERFORMED (c)   19. CONDITIONS CONTRIBUTION (c)   19. CONDITIONS CONTRIBUTIO	5. SEX		45		9.	AGE (In years	IF UNDER 1 YE	_	ER 24 HR
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S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   If yar, give word of date of service)   16. SOCIAL SECURITY NO.   INFORMANT   HOSPITAL RECORDS, OLNEY, MARYLAND	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
The control of the part   Country					Riggs				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the under- lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)  P			16. SOCIAL SECURITY NO.						
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alive an Sept. 13, 19 co, and that death accurred at M, fram the causes and an the date stated about Address (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  PHYSICIAN'S NAME (Type)  Jack Schumacher, M. D.  CAITHERS BURG, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  O-17-60  ADDRESS  PHYSICIAN'S NAME (Type)  Jack Schumacher, M. D.  CAITHERS BURG, MARYLAND  22d. LOCATION (City, tawn, or county)  Neels ville  German town, RED Md  Cartner, Gaithers burg.  ADDRESS  Ernest C. Gartner, Gaithers burg.  ADDRESS  CALCATION (City, tawn, or county)  Comman town, RED Md  24d. REGISTRAR'S SIGNATURE	Y 20c. TIME OF INJUR Hour o. m. p. m.	WI	hile Not while	PLACE OF INJURY (Home, for actary, street, affice bldg.,	arm, 20f. (City or etc.)	town)	(Coun	ty)	(Stote
alive an Sept. 13, 19 co, and that death accurred at M, fram the causes and an the date stated about Address (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  PHYSICIAN'S NAME (Type)  Jack Schumacher, M. D.  CAITHERS BURG, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  O-17-60  ADDRESS  PHYSICIAN'S NAME (Type)  Jack Schumacher, M. D.  CAITHERS BURG, MARYLAND  22d. LOCATION (City, tawn, or county)  Neels ville  German town, RED Md  Cartner, Gaithers burg.  ADDRESS  Ernest C. Gartner, Gaithers burg.  ADDRESS  CALCATION (City, tawn, or county)  Comman town, RED Md  24d. REGISTRAR'S SIGNATURE	21. I certify th	at I attended the deci	eased fram	, 1950, ta	Sept.	14, 1960	that I last s	aw the	decease
ACTUAL SIGNATURE ALL SIGNATURE M.D. 9/14/6  PHYSICIAN'S NAME (Type) JACK SCHUMACHER, M.D. GAITHERSBURG, MARYLAND  220. BURIAL, CREMATION, REMOVAL (Specify) PROPERTY OF CREMATORY Neelsville  321. FUNERAL DIRECTOR'S SIGNATURE  PLYSICIAN'S NAME OF CEMETERY OF CREMATORY Neelsville  322. NAME OF CEMETERY OF CREMATORY Neelsville  323. FUNERAL DIRECTOR'S SIGNATURE  PROPERTY OF CREMATORY COUNTY REGISTRARY SIGNATURE  PROPERTY OF CREMATORY REGISTRARY SIGNATURE  240. REGISTRARY SIGNATURE  240. REGISTRARY SIGNATURE	alive an Se	PT- 13, 1	96ω, and that deat	th accurred at E	M, fram the	e causes an	d an the do	ate state	d abav
NAME (Type)  Jack Schumacher, M. D.  Galthersburg, Maryland  220. Burial, Cremation, Removal (Specify)  Burial  O-17-60  Address  Permantewm Red Maryland  Commantewm Red Maryland  Commantewn Red M		bachAr	humache					9/	14/60
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Burial 9-17-60  Neelsville German tewm. RFD. Md.  24a. REGISTRARS 5.50NATURE Empest C. Gertner. Gaithersburg. Md.	PHYSICIAN'S NAME (Type)	JACK SCHUMA	CHER. M. D.	G	ALTHERSBU	IRG. MAI	RYLAND.		
Burial 9-17-60 Neelsville Germantewm RFD Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS ADDRES		N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY				(Sto	ote)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Propest C. Gartner Gaithersburg. M.d. 246. REGISTRAR'S SIGNATURE  246. REGISTRAR'S SIGNATURE	Burial	9-17-60	Neelsvil	le	Ger	mantaw	m RED	Md	
	23. FUNERAL DIRECTOR' Ernest C	s signature Gartner.	Gaithersburg	M de 24g. RI		24b. REGI	STRAR'S SIGNA	TURE	4.5

TO HOSP COR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page 4 may be recaised by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hauss after death. VS A1S (4) 15M 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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in by the funeral director, and 2 shauld be filed with may be chained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remove carl the State Board of Health priar to burial, cremation, ar removal, and in any event, within

OR ATTENDING PHYSICIAN: The law requires that the death certificate TO HOS

VR A15 (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY  Montgom	em	3	MARYL	AND	2. USUAL RESIDENC o. STATE		e deceosed	b. COUNT		ence before	admissio	on)
b. CITY OR TOWN (III RURAL ond give ne Bethesd	f outside corporate lim orest town)	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN	N (If out			RURAL ond	give neare	X —	3
OR INSTITUTION	AL (If not in hospital, onical Cent		ddress)		d. STREET ADDRE	ESS	et ad	dress)			IS RESIL	FARM?
3. NAME OF DECEASED (Type or print)		rst .	Middle		Last	-	4. DATE OF DEATH		nth	Day		eor
S. SEX	Debo	-	Carolyn  ED □ NEVER MARRIED		White 8. DATE OF BIRTH			9. AGE (In years		RIYEAR IF		9 60 24 HRS.
Female	White	WIDOWE			June 17,	1951		lost birthday) 9 yrs	Months		Hours	Min.
10a. USUAL OCCUPATIOn during most of work  Studen  13. FATHER'S NAME	ing life, even if retired	dane 10b. K	None	INDUS		(State of	inia	untry)	12.CI	U.S.		DUNTRY?
William	White				Estelle	Car	tin					
15. WAS DECEASED EVE (Yes, no, or unknown)					FORMANT The	Med	lical	Record				36
No			None	Th	e 6linical	Cer	ter,	Bethesd	a 14,	-		
PART I. DEA  Conditions, if or gove rise to it couse (a), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under-	Sta Acu	phylococcal	ic I	eukemia					onse 5	yea:	r P
ICATIC			ONTRIBUTING TO DEAT						IVEN IN FA		PERFOR	NO [
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RISE HOW INJURY OC	CURRE	D. (Enter noture of inju	ury in Pa	ort 1 or Port	II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. IN While at work	Not while	20e. PL/ foo	ACE OF INJURY (Home story, street, office bldg	e, form, g., etc.)	20f. (City	or town)		(County)		(State)
21. I certify that saw the decease	t (1) (this haspita ed alive on Sep	l) attende t. 28	ed the deceased f		August 26 leath accurred a							
220. SIGNATURE	Wall	00	nell		M.D. ATTENDING PHYS.	MED DIRE	). ECTOR 🗌	STAFF PHYS.		9/28		DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	W. Walter	Oppel	t, M.D.		Institut			ical Ce				
23a. BURIAL, CREMATIO REMOVAL (Specify)	9/29/60	_	23c. NAME OF CEMENT Highland		R CREMATORY	2	23d. LOCAT	ION (City, town	, or county		(State	)
24. FUNERAL DIRECTOR' The S. H		Go-29	ADDRESS Ol-luth S		250	. REC'D	8Y REGISTI	RAR 25b. REC		SIGNATURE		

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VS A15 (4) 15M 10/57

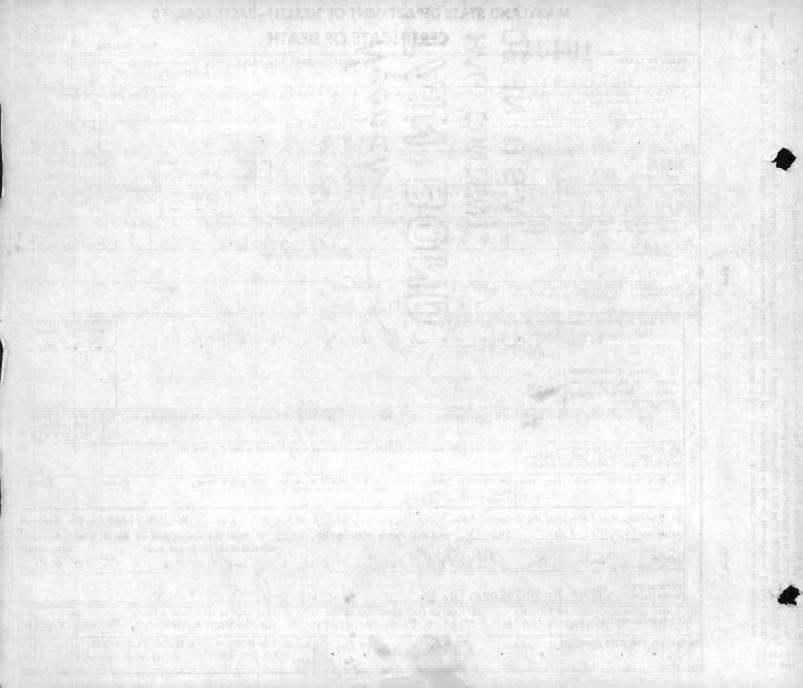
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

200	5	4	1
1	U	-	

-		
	o. COUNTY MONTgomery MARYLAND 2	o. STATE Mary / and b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Takama Takk  14 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring
4	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShing tow Sain 4-74056	d. STREET ADDRESS  401-16 Th ST.  e. 15 RESIDENCE ON A FARM? YES \( \) NO
	3. NAME OF DECEASED (Type or print Certry de Mae Will	12 ms 4. DATE OF Month Doy Yeor OF DEATH September 16 1960
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. E. White WIDOWED DIVORCED J	DATE OF BIRTH  9. AGÉ (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    1
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  140 US & WIFE:  Own home	Pennsylvania American
13.	Charles J. Sein	GRace Sickler
	S. WAS DECEASED EVER IN U. S. ARMED PORCES?  (Yes, no, or unknown) (If yes, give wor or dates of service)  (Yes, give wor or dates of service)  (Yes, give wor or dates of service)  Yes	1: 1 - 7/ 5
NOIL	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ONSET AND DEATH
CERTIFICATION		Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Foctor p. m. 19 While of work of work	OF INJURY (Home, form, 20f. (City or town) (County) (State) y, street, office bldg., etc.)
	21. I certify that I attended the deceased from alive an actual signature James M. Whitlock, M. D.	2, 1958, to Sept 16, 1960, that I last saw the deceased courred at ) 25 A. M., from the causes and an the date stated above ADDRESS (Street, city on town, stote)  DATE SIGNED OF TALCOUR PARK 12 MA
220	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO	
23.	AND SILVER SPRING	MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE SEP 1 9 '60 Chilling S. Hisana



LACE OF DEAT	10564	I.	em 7 Pil	mG27	2. USUAL RESIDENCE	e t				admiss	sian)
d COUNTY	tgomery		MARYL	LAND	Maryland		b. col	ntgomer;	7		
b. CITY OR TOW	/N (If autside carporate lim ve nearest tawn)	its, write c.	LENGTH OF STAY	IN 16	c. CITY OR TOWN (	If autside carp				est tawr	n)
Derwood	R.F.D.#1			1	A Bethesda,						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS				е	ON A	SIDENCE A FARM?
Ammo	ons Nursing H	[ome			River Ros	d.,				YES _	NO
3. NAME OF DECEASED (Type or print)	Fig		Middle		Lost	4. DATE OF DEATH		Month	Day		Year
S. SEX	6. COLOR OR RACE	ard	T NEVER MARRIE		Wilmore DATE OF BIRTH	DEATH	9. AGE (In )	Sent	R 1 YEAR I		19 60
Male	Col	WIDOWED [	Unbooker		June 22.	1070	last birtho	day) Months	Days	Hours	Min.
On USUAL OCCUP	ATION (Give kind of work	dane 10b. KIN	ID OF BUSINESS OF	RINDUST		ate ar fareign	country)	12.CI	TIZEN OF	WHATC	OUNTR
Laborer	working life, even if retired	1)			Poston	Cl	352		77 67		
3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME	Md		U.S.	A	
	Unknown				Unknown	1					
S. WAS DECEASED	EVER IN U. S. ARMED FOR	RCES? 16 SOC	TIAL SECURITY NO	17 INF	DRMANT			Address			
(Yes, no, or unknown)	(If yes, give war or dates of	service)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
In CAUSE OF	DEATH IS	1: 6		INU	rsing Home	Record	S		Liviani	27/11 05	
	DEATH [Enter only one condent was CAUSED BY:	ouse per line	ar (o), (b), and (c).	-	- 1 /	_					DEATH
1110	IMMEDIATE CAUSE (	)	Tear 1		Failur.	6 '					
406	DUE TO		1		11 .	0					
	if any, which ) (b	s) C	urou	<u>C</u>	Myoc	dra	1715	•			
	a immediate DUE TO										
lying cause I		c)									
PART 11.  PART 11.  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OTHER SIGNIFICANT CON	IDITIONS CON	ITRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITIO	N GIVEN IN PA		PERFC	ORMED?
O ACCIDENT	NAVA E LINIBERIVINIC I	20h DECCRI	E HOW INTURY OF	CHAREN	/E-44 6 :-:	in Post Las Pa	at the fitter 1	D 1		YES [	NO [
OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER	200. DESCRIE	SE HOW INJURY OC	LCUKKED.	(Enter nature of injury	in Fort I or Fo	iri ii or item ii	D.)			
		1				Tau .a.					
20c. TIME OF IN Hour o.	m. 10	While _	_ Nat while	facto	E OF INJURY (Home, for ry, street, affice bldg.,	etc.)	ty ar town)		(County)		(Stat
Σ p.	m. 19	ot work	at wark	-	7 .	-	<i>a.</i> / 1		-		
21. I certify	that (I) (this haspite	f) byjerided	// _			12CO. to.			CO the		
saw the dec	eased alive an	P.7	_19 CO, and	that de	ath accurred at	70 M, fram	the cause	s and an th	ne date	stated	abav
220. SIGNATUR	RE	,	2								b. DATE
C	como l	Le		M	D. PHYS.	MED. DIRECTOR	STAFF PHYS.				310141
22c. PHYSICIAN NAME (Typ		,	1		22d. ADDRESS	. / 2	1	25			
	c) Luciau	0 /.	-ed/ /	1.0	GAC	Their	500	15.6	- cl	A	
239 BURIAL, CREM.	ATION, 235 DATE THEREC	P 2	34 NAME OF CEME	JERY OR	ÇREMATORY	23d. LQC/	DION (Cityate	awn, ar county)		(Stat	te)
REMOVAL (Spe	19/12/	60	Count	Ly.	Home	100	ock	relle	2 , 5	ne	X
24 FUNERAL DIREC	POR'S SIGNATURE	1	MODRESS O	10	₹	EC'D BY REGIS	TRAR 2Sb.	REGISTRAR'S S	IGNATURI	E.	-
(tole it	1 Dunit	len	Krcker	ele	le X DATE	SEP 13	60	Continua d	1. Thou	A	

TO HOS VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10545

10458

1. PLACE OF DEATH b. COUNTY  Montgomer	v	MARYLANI	O STATE	ENCE (Where deceased below	d lived. If instituti b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (If outside co	c. CITY OR TO	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL and give nearest town) Rockville	Washin	Washington, D.C. Kenesaw Apts) 47					
d. NAME OF HOSPITAL (If not in	d. STREET AD	II d. STREET ADDRESS I e. IS RESIDENCE					
OR INSTITUTION Chestnut Lo	dge. Inc.		16th an	d Irving S	St., N.W.		YES NO
3. NAME OF DECEASED (Type or print) Flore	First	Middle Street Wil	Last	4. DATE OF DEATH	Septemb		Day Year
111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second	RRIED NEVER MARRIED			-		AR IF UNDER 24 H
female whi			2/15/80		9. AGE (In years lost birthdoy) 80 yrs.	Months Days	
10a. USUAL OCCUPATION (Give kinduring most of working life, ev	nd of work done 10b	. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State or foreign co	ountry)	12. CITIZEN	OF WHAT COUNT
housewife-tea		none(school)	Washi	ington, D.	C	U.S.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Daniel Bazer	Street		Susan	Emily Gull	lett		
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16	SOCIAL SECURITY NO. 17	, INFORMANT		Add	ress	
(Yes, no, or unknown) (If yes, give w	or or dates of service)		Chestnut I	Lodge, Inc.	. Rockvil	Lle, Md.	
Chronic Police Of Contributing Cause (IF either, notify medical e	DUE TO  (b)  DUE TO  (c)  ICANT CONDITIONS  C P F C C C C  (ING D OF DEATH  XAMINER)  DE TO	SCRIBE HOW INJURY OCCU	POUR EIGHTED TO	THE TERMINAL DISEAS F deed de 14 6 6 6 injury in Part I or Por	E CONDITION GIVE THE PROPERTY OF THE PROPERTY	VEN IN PART 1(0)	YES A NO
20c. TIME OF INJURY Month, Hour o. m. p. m.	Whil		PLACE OF INJURY (H foctory, street, office		v or town)	(Count	(St
21. I certify that (I) (this saw the deceased alive	C .		m t death accurred		9-10 the causes ar		
220. SIGNATURE .	Coo	per	M.D. ATTENDING		STAFF		22b. DATI SIGN
22c. PHYSICIAN'S NAME (Type)	inne Coope	er	22d. ADDRES 104 S	ss Roc S.Washing	kville ton St	Md.	
230. BURIAL, EREMATION, 23b. D. BUDIAL (Spaces) 9/1	ATE THEREOF	23c. NAME OF CEMETER Rock Cree			TION (City, town,		(State)
24. FUNERAL DIRECTOR'S SIGNATU	JRE	ADDRESS		25a. REC'D BY REGIS		ISTRAR'S SIGNAT	TURE
S.H. Hines Co	2901	14 - st- n.w	wash De	DATISEP 1 3 '60	and Card	ing & Kins	44

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 move after death. tained by the haspital ar attending physician

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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in by the funeral director, and 2 should be filed with

TO HOS VR A1S (4) 1SM 9/59 A CONTROL ON STATE OF THE PART OF STATE The state of the s

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10565director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write the funeral a c. CITY OR TOWN of outside corporate limits, write RURAL and diveneures fown c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL lift not in hospital, give street address! days d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 528 Fairfi Suburban 5 NAME OF First Middle 4. DATE last Month Day Year DECEASED OF (Type ar print) DEATH 19 Ordis Sentember 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days DIVORCED | WIDOWED T MOLE White Wildwell 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) and Monson. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GD g physicie remave c Albert Abezail Newton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address event attending | dispose No please any 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ permit. Conditions, if any, which (b) gned gave rise to immediate **DUE TO** cause (o), stating the underlying couse last. certificate has been si CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Nat while at work at work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. 60 and that death accurred at CAM, from the causes and an the date stated above. sew the deceased alive a AL DIRECTOR: 220. SIGNATURE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS should NAME (Type) FUNERAL Montgomery La Rethesda Md. aul D. Center 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (Stote) page the St REMOVAL (Specify) Rurial Rladensburg Rd. Md. 0 24. FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR

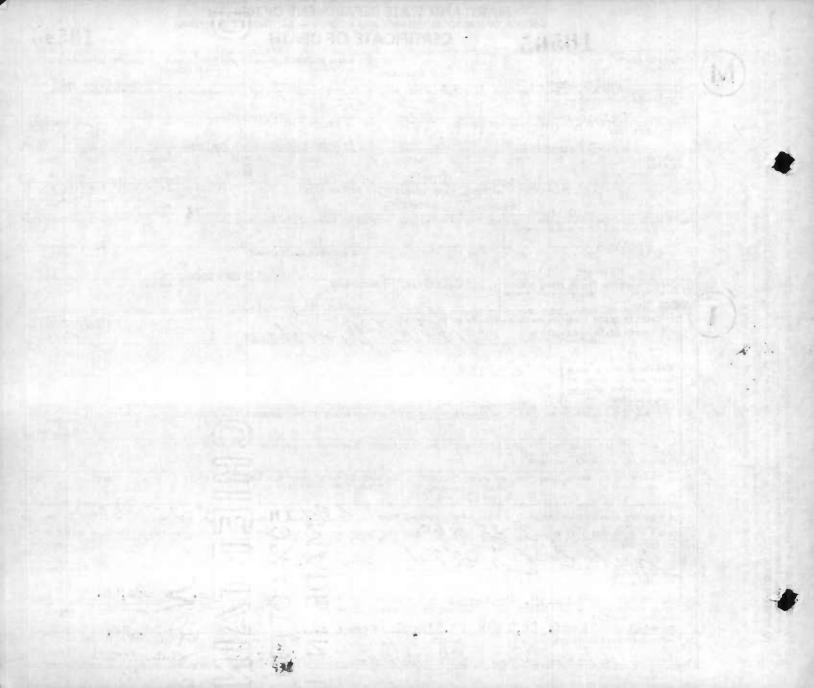
DATE P 2 9 '60

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requires that the death certificate



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10547

10006	CERTIFICAT	E OF DEATH		
1. PLACE OF DEATH a. COUNTY Montagen	MARYLAND	o. STATE	b. COUNTY	n: Residence befare adarssion)
b. CITY OR TOWN (If autside carporote limits, write RURAL and give placest target	c. JENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RU	IRAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stree	address)	d. STREET ADDRESS	Tantorbus	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Robt & U	lofring	DATE Monty OF DEATH Sep	Day Year 5 19 6
S. SEX 6. COLOR OF RACE 7. MAR MALE WHITE WIDOV		lune 1/8	9. AGE (In feors lost birthday) yrs.	Manths Days Hours Min
100. USUAL OCCUPATION (Give kind of work dane) 100 during most of working life, eyen if refirred)	KIND OF BUSINESS OR INDUSTR	ad Illes	t. Uz.	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	ing	14. MOTHER'S MAIDEN NAM	Thuttle	worth
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes. no, or unknown)  (If yes, give wor or dates of service)	30-38-6114 7	gnes Ul	tring /	same 25Ah
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line far (a), (b), and (c).	Pure		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which (b)	Sombosis, Tep	etic + Portal	Veins	Days
gave rise to immediate cause (a), stating the under-lying cause lost.	Freeton, Conur Bolo	Sail by calculi	with cholang	the Ulaborow
PART II. OTHER SIGNIFICANT CONDITIONS  O  O  T  T  T  T  T  T  T  T  T  T  T	CONTRIBUTING TO DEATH BUT N	OT RELATED/TO THE TERMINA	al disease condition Gif	EN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.			
Hour a.m. While		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (Sta
21. I certify that (I) (this haspital) attensaw the deceased alive an 7.5.	/		), ta dept 5	d an the date stated above
220. SIGNATURE	ich M.	ATTENDING MED	CTOR STAFF	9-5-60 22b. DATE SIGN
22c. PHYSICIAN'S T. P. M. C. C'AR	PRICK M.D.	809 VIFR.	5 MILLRD. A	OCKVILLE MI
236. BURIAL (CREMATION, 23b. DATE THEREOF 9/8/60	23c. NAME OF CEMETERY OR C		3d. LOCATION (City, town, o	
Robert A. Pumphrey	Bethesda, Mar			TRAR'S SIGNATURE

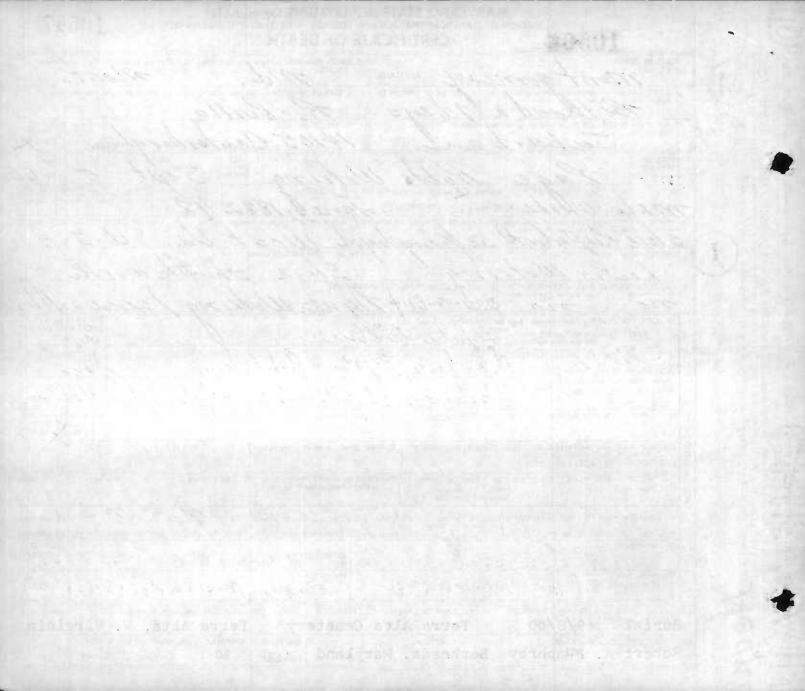
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

urs ofter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

in by the funeral directar and 2 shauld be filled with



arthur & Knows

DATE SEP 1 9 '60

)	1. PLACE OF DEA a. COUNTY Montgom							
	b. CITY OR TO RURAL ond a Bethesd							
50	d. NAME OF H OR INSTITUT The Cli							
	3. NAME OF DECEASED (Type or print)							
	S. SEX							
	Male							
		. USUAL OCCL during mast a						
1	13. FATHER'S NAM							
	Raymond							
	(Yes	WAS DECEASE , no, or unknown)						
		1B. CAUSE O						
		PART						
		6						
		Conditions						
		gove rise						
		lying couse						
	Z	PART I						
	CATIC							
	CERTIFICATION	20g. ACCIDEN OR CONTRIBU (IF EITHER, NO						
	MEDICAL	20c. TIME OF Hour						
	×	a) 1						
,		21. I certify						
		saw the de						

	CERTIFICATE	OI DEATH				
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND 2	. USUAL RESIDENCE (Where de o. STATE Maryland	b. COUNTY Montgomery	e before admission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAL and gi	ve nearest town)		
Bethesda	14 days	Silver Spring	27			
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION  The Clinical Center. Bet.		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
			rive /	YES NO X		
3. NAME OF First DECEASED (Type or print) George	Middle Louis	Yazge 4. D.		15 19 60		
9		DATE OF BIRTH	9. AGE (In years IF UNDER )			
Male White WIDOW		pril 7, 1960	the state of the s	ays Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b during mast af warking life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12. CITIZ	EN OF WHAT COUNTRY		
Child	None	Washington	D.C.	U.S.A.		
13. FATHER'S NAMENT		4. MOTHER'S MADEN NAME				
Raymond Yazge		Miriam Bashoo	r			
	SOCIAL SECURITY NO. 17. INFO	RMANT The Medica	1 Record Address	I - Y - X - I		
(Yes, no, or unknown) (If yes, give war ar dates of service)			1 -	arvland		
1B. CAUSE OF DEATH   Enter only one couse per			. 3 200110120 223 .	INTERVAL BETWEEN		
BART I DEATH WAS CALISED BY	ngestive heart fa	ilumo		ONSET AND DEATH		
IMMEDIATE CAUSE (a) COI	igesurve Heart La	ILLUITE		2 days		
~ / /		,		0 1		
gove rise to immediate	cherichiacoli ser	oticemia		3 days		
cause (a), staring the under-	cause (a), stating the under.					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS Diffuse hepatic to	umor			YES NO		
	SCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I o	or Part II of item 18.)			
Hour a.m. While	f t	OF INJURY (Home, farm, 20f y, street, office bldg., etc.)	. (City or tawn) (Co	ounty) (State		
21. I certify that (1) (this hospital) attensaw the deceased alive on September						
220. SIGNATURE Orlando Wesley MI		ATTENDING MED.	STAFF	9/15/60 22b. DATE SIGNED		
22c. PHYSICIAN'S				Mational		
NAME (Type) Orlando Wesley	McBride, M.D.	Institutes of	f Health, Bethesd	la 14, Md.		
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 9/17/60	23c. NAME OF CEMETERY OF C		LOCATION (City, town, or county) ASHINGTON, D.C.	(State)		
WANTER DIECTOR'S RIGHTURE . INC.	SILVER SPRING,	25a. REC'D BY R	REGISTRAR 25b. REGISTRAR'S SIG	NATURE		

may be nined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. VR A15 (4) 1SM 9/59 Novs

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29

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